

Miss Fogg -



Notes taken upon Lectures  
Delivered by  
Prof Dr. Keurose  
on the Diseases of Women  
and Children.

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22733 m 20 Alfred D. B. B. B.

*[Faint, illegible handwriting visible through the paper, likely bleed-through from the reverse side.]*



9.11 and  $3\frac{1}{2}$  inches are the three diameters of the superior pelvis. The two openings of the "True Pelvis" are called "Straits" because at these points the Pelvis is contracted in size. The inclined planes of the Pelvis start at the spines of the Iliac. The diameters of the plane of the superior strait are three. The antero-posterior diameter is 4 in., the transverse diameter is  $5\frac{1}{4}$ , the oblique diameter is 5. In a well formed woman when standing erect the oblique plane of the Superior strait forms an angle of  $50^{\circ}$  or  $60^{\circ}$  with a horizontal plane. The axis of the superior strait is a line drawn perpendicularly through the middle of the plane, and if so drawn would strike about the end of the Coccyx and the Umbilicus. The circumference of the True Pelvis is 13 inches -

The measurements of the "False Pelvis" are as follows. The longest diameter of this pelvis is 11 inches. The diameter of the false pelvis from the promontory to the pubis is 9 inches. The depth of the false pelvis is about  $3\frac{1}{2}$  inches.

When the woman lies in bed and is bent (as she is in labor) the axis of the superior strait is in position parallel with the spinal column. The antero-posterior diameter of the inferior strait is normally 4 inches, but towards the end of the labor when the child's head moves the coccyx and makes it  $4\frac{1}{2}$ . The transverse diameter of the inferior strait is 4 inches and the oblique diameter is 4 inches. The axis of the plane of the Inferior strait when the woman is in labor is a line drawn from the connection of the first and second bone of the



Sacrum through the middle of the plane. The anterior depth of the pelvis is  $1\frac{1}{2}$  inch. The <sup>lateral, depth</sup> (breadth) of the pelvis, from the iliac crest to the tuberosity, is  $3\frac{1}{2}$  inches. The posterior depth of the pelvis from the promontory of the sacrum to the point of the coccyx is 4 inches. <sup>when the coccyx is bent 5 in.</sup> From bottom of the sub pubic ligament to the promontory of the sacrum  $4\frac{1}{2}$  inches. The arch of the pubis is  $2\frac{1}{2}$  inches deep.

The oblique diameter of the <sup>cavity</sup> pelvis, from the posterior part of the tuberosity of the ischium to the iliac crest on the other side 6 inches. The axis of the cavity of the pelvis is parallel with the two first bones of the sacrum after which it follows nearly the curve of the coccyx.

The distended uterus lying on the normal curve and causes compression of

the Kidneys. causing uterine poisoning. or retention of the urine. The uterus pressing upon the arteries sometimes causes oedema of the lower extremities.

The nymphæ is enlarged in certain persons. this may happen from accident or may be natural. The persons of certain tribes are said to have very large nymphæ. The Turkish women come under this category. The use of these organs is to add to the sexual sensibility. The object in having extremely sensitive organs in connection with the vulva is that in sexual intercourse these parts may become tinged. The orifice of the vulva is immediately beneath the arch of the Pubis. bound directly to by connective tissue. The length of the



female urethra is an inch or an inch and  $\frac{1}{2}$  in length. The mucous membrane of urethra is longitudinal. The usual length of the

vagina is from 4 to 5 inches in length. The circumference of it is 3 inches.

The negroes is said to have a larger vagina than others. Caspary relates an instance of a woman under his charge who about the time of labor had severe pain which she would relieve by scratching the vulva and pulling the right nymphal - this nymph as in the course of two weeks became nearly twice as large as the other one.

The bulbs vaginal glands are small organs (about as large as the Lacrymal) which open on either side of the labia majora. They are the analogues of Cowper's Glands in the male. It is believed by some that in the venereal act

these Glands throw out their se-  
cretions in jets. When there is  
not a great degree of pleasure ex-  
perienced by the woman in the  
sexual act impregnation is not  
so likely to take place. It  
is very apt to occur in the Bulbi  
vestibuli. The most contracted  
part of the vagina is at the lower  
part. The external coat of the  
vagina is cellular, inside of this  
is the muscular coat. The coat is  
also very strong and assists in  
labor. Within this coat is the mu-  
cous coat of the vagina. This mu-  
cous coat is arranged in folds &  
lains. This arrangement is most  
widest in the adult virgin, but at  
a more advanced age it becomes  
smooth. The walls of the vagina  
secrete a milky fluid which is



acid in its secretion - it is supposed that this liquid prevents the coagulation and decomposition of the menstrual fluid. The weight of the uterus in the adult virgin is 1203 - it is 3 inches long -  $2\frac{1}{2}$  inches broad at its largest part - and 1 inch thick. The uterus is firmly attached to the Bladder so when one is diseased the other almost always sympathizes. The posterior part of the uterus may be examined very well by introducing the finger into the rectum but in doing this the uterus will seem larger than it really is, so we must allow for this.

The blood vessels of the uterus become enormously distended in utero gestation. If the embryonic fibres have any irritant applied they enlarge greatly.

ly. This may come from procreation  
or from cancer. or indeed from  
inflammation. The unimpreg-  
nated virgin uterus has no orifice  
but the walls are in direct appo-  
sition. That is when cut in an  
anterior posterior direction. Opening  
it in the other way there is a thin  
cornered cavity - and here 3 orifices  
the first the os uteri. and the 2  
others the Fallopian Tubes. The  
internal os uteri is more contract-  
ed than the external os uteri.

The Glandulae Nabothi secrete a fluid  
which in the time of Pregnancy  
blocks up the "os" and makes the  
uterus a closed sack. This secret.  
ion also at the time of labor helps  
in the descent of the child's head.  
The "os" of a woman who has had  
children is much larger than.



that of the virgin. The vagina of the virgin joins the uterus a little above the middle of the neck, and a little higher in the posterior than in the anterior part. The Cervix uteri or rather the intra vaginal cervix gets smaller as w<sup>th</sup> labor. The cavity of the uterus in a woman who has had children is oval, and not angular as in the virgin uterus. The uterus is supplied with nerves from the Sacral and the Sympathetic ganglia.

The Fallopian tubes. 4 or 5 inches in length. The Fimbriated extremity of these tubes is the one that joins on to the ovary, and it acts as finger. As the Graffian vesicle is about to burst these fimbriated extremities erect and grasp the (the) very vesicle that is soon to burst.

and thus conveys the ovule to the uterus. The diameter of the Fallopian tube is as follows  $\frac{1}{16}$  of an inch at the lower extremity and  $\frac{5}{16}$  of an inch at the fimbriated extremities. The yolk of a human egg is yellow and granular and of considerable consistancy. In the female before puberty the germinal vesicle is found floating in the yolk, but after this time it is found attached to the vitelline membrane.

When conception occurs in the ovary it will take two weeks for the product of conception to travel into the uterus. The first change in the egg after conception is the disappearance of the germinal vesicle and the



germinal spot - next the vitellus becomes smaller. next it divides into two next into four, and so on. When it enters the uterine extremity of the Fallopian tube it has divided into a great number called the Millberry body. next these little spots arrange themselves. Around the egg when it leaves the ovum has the Trophoblastic granules. but when it gets halfway down the fallopian tube the egg has eaten all this up. it is then <sup>rather</sup> with abbe-  
men from the walls of the Fallopian tubes. The egg when first in the uterus is of three layers, the serous, the mucous & the vascular. The serous membrane of the Blastoderm doubles over the "Primitive trace" and forms the spinal cord and brain. The first vessels are seen in the membrana vasculosa. a little spot of this membrane collects where the heart is to be. the walls of the

vessels are absorbed and thus  
forms the primitive heart. The  
"Cephalic" and "Caudal hoods" are  
formed by droppings of the se-  
rous membrane of the "Blasto-  
derm".

The "Liquor Amnii" is a fluid in  
which the foetus floats. The om-  
phalic vesicle has an artery &  
vein called the omphalic artery  
& vein. There is usually at ges-  
tation about a quart of "Liquor  
Amnii" it is not always at this  
time the pure liquid which it  
was at first - being contamin-  
ated by the urine of the Foetus.  
The Chorion is a serous mem-  
brane with numerous villi pro-  
truding from it. These villi are  
at first empty. The Membrana



Decidua " is thrown off at the full period of utero gestation. but in the case of abortion this membrane is found enveloping the chorion. The "membrana decidua reflexa" is made by a sort of fungus growth of the mucous membrane of the uterus around the spot where the ovum is deposited. Twins have a double Placenta. At the full period of utero Gestation the placenta is 6 or 8 inches in diameter and about 2 1/2 inches in ~~ob~~ circumference and 2 inches in width.

The Placenta performs the same office for the embryo as the gills do for the fish. At the close of foetal life the Placenta shows evidence of death, carbonate of lime is sometimes deposited on it, and often fatty degeneration takes place at the edge of this organ.

There are no blood vessels of the woman actually entering the embryo. The umbilical cord is usually some 18 or 19 inches long - but it may be much shorter or longer. If too long it sometimes amputates limbs or the head from the Fetus. The cord at the time of birth is about the size of the finger. The "Gelatin of Wharton" as it is called gives the size to the Cord. The Cord & Placenta have no nerves, but there may be nervous systems in them and in this way it may be that the mother may influence the child. At about the end of the 5th week the extremities may be seen beginning as a pimple. The heart also is formed at this time. The Wolfian



body is formed of dorsal tubes & performs the function of the urinary apparatus for the Embryo. This becomes the body of Rosenmüller in the adult. At two months the Embryo is about  $1\frac{1}{2}$  or 2 inches long. The arms and hands are formed but no fingers are present. At 3 months the fingers are formed. At 6 months the umbilical cord is completely formed. At 7 months the child is viable. The lungs of the child at birth are solid and sink in water. At about the 8th month of Embryonic life the liver secretes bile - and according to some this bile pumps the blood.

A Child is an Embryo up till the 8th month - after that it is called a Fetus. The blood passes down in the aorta and divides into the iliac's

Early in intrauterine life the Embryo can move in any way in the uterus but afterwards the uterus becomes egg shape and the foetus takes the usual position by reflex action and that is head towards the Os. The Bregmatic diameter is from 4 to 3 inches. The dorso thoracic 3 to 2 inches. At birth 3 inches. Diameter of the foetal head. Ovoid shape. Race, Sex, Education, and Civilization affect the measurements of the head.

The menstrual month is four weeks. If menstruation occurs in in a young child or rather a flow - examine her external organ and if she presents any peculiarity of a perfect woman



she is then menstruating if not it  
is a menorrhage. In the  
first part of menstruation the blood  
is mixed with mucus - in the mid-  
dle it is pure - at the latter part  
it is mucoid again. Women men-  
struate about six or seven days, though  
some menstruate only two or three days.  
Dr. Pinrose holds that menstruation  
is caused by the rupture of a Graaf-  
ian follicle. Menstruation usually  
ceases at about 45. This is called  
the "critical period" but hardly deserv-  
es the name, they are however more  
liable to conception.

The egg may be fertilized nine  
days after menstruation. At 3rd  
month the uterus is  $2\frac{3}{4}$  in all its  
diameters - at the 4th it is  $3\frac{3}{4}$  - at  
the 6th it is 8 inches long -  $6\frac{1}{4}$   $6\frac{1}{4}$ .

at the ninth month it is from  
12 to 14 inches in length, from 9 to  
10 in breadth, from 9 to 9½ in thick-  
ness. The walls of the uterus at  
impregnation are soft and flex-  
ible allowing the easy movement  
of the child. The Cervix of the Im-  
pregnated uterus is not shorter  
than it was when unimpreg-  
nated. The uterus is not a  
particularly sensitive organ  
when unimpregnated but  
when it is impregnated it is  
very sensitive. The Bladder  
and the rectum are the organs  
first affected by pregnancy.  
Constipation is almost a  
necessary condition of Preg-  
nancy.

The absence of the menses is as



a general rule a strong sign of pregnancy. Some women menstruate all through impregnation others at a certain part of this state. Some women menstruate only when they are pregnant. Some become pregnant who have never menstruated. When pregnancy begins, the Mammary Glands enlarge and are generally painful. At four or five months it becomes soft and ceases to be painful - but the pain becomes troublesome towards the end of gestation. Usually at the second month the nipple becomes sore. The nipple of a virgin is small, conical, pinkish, and perfectly smooth. In pregnant women the nipple is larger and more sensitive, the color changes, both that of the nipple itself and the areola surrounding

it, it becomes darker - not much darker in the blood, but of a rose color. The areola begins to protuberant and minute projections are seen on it, these are glands. Light silver lines are seen over the gland. The popular mind supposes that the presence of milk is a sure sign of pregnancy, but it is not sure but only corroborates other symptoms. Milk does not often appear till near the time of delivery, and sometimes not until after delivery - Enlargement of the abdomen. The umbilicus is protuberant during the 3 last months of pregnancy. When umbilical areola exist pregnancy is certain, or nearly so. It also serves to under our belief in regard to this state, more certain if a



brown or yellowish line is found from the umbilicus to the Eniform cuticle. Nausea and vomiting are a very frequent sign of pregnancy. This is however not due to inflammation of the stomach and is merely a nervous affection, and must be treated as a nervous disorder. If we take the urine of a pregnant woman of 2 or 3 months and place it in a cool place, out of the dust, a "Pellicle" will be formed in a period varying from 2 to 8 days. Women having mammary abscesses and indeed having certain other diseases pass urine presenting this pellicle. So it is not regarded as a very valuable sign. The purplish color of the vagina is a strong sign of pregnancy. This color is found but

marked just posterior to the symphysis. There is often an increase in fibrin towards the latter part of gestation, and a decrease in the number of blood corpuscles. "Uterine sound" or "murmur" is to be heard after the uterus, from its size, is forced out of the pelvis; it is due to the circulation in the uterine vessels. The sound of the Fœtal heart is not heard until the 5th month. It usually beats some 130 to 140 times in a minute. When this is heard Pregnancy is absolutely certain.

An abortion is most dangerous at the 3rd and 4th month. In spontaneous abortion the period is heralded by a state of sedation



in the woman for three or four days previous. When the child dies in the uterus the rational signs of pregnancy disappear, sometimes very suddenly. The product of conception after it dies may be retained in the uterus for some months.

The symptoms of abortion are - A "come and go pain", hemorrhage, sometimes very profuse. If the hemorrhage be profuse, as the os-uteri be opened, the uterus is so prepared for contraction that we cannot stop the abortion. How shall we stop an

early abortion? Rest, removal from excitement an injection of from  $\text{Gr} \frac{1}{2}$  to  $\text{C}$  - <sup>of Sanguiferrin</sup> - If we want to help the woman to bring about abortion - we would give  $\text{Gr} \frac{1}{2}$  of the wine of Ergot every 2 or 3 hours. We may want to use a Sanguiferum, this may be left into the

vaguer for 24 hours, but it is more often advisable to leave it in as long as this.

Extra uterine pregnancy - Pregnancy occurring out of the uterus. It is sometimes developed in the Graafian vesicle, sometimes about the fimbriae, sometimes in the entrance of the Fallopian tube. This is most apt to occur in unmarried than in married women. Tubal Pregnancy is the most common and the most fatal.

Super Fecundation - Twins are the most common sample of this affection.

Irritation of the rectum and Haemorrhoids are constant attendants of pregnancy. Oedema of the lower extremities and sometimes of the



external genitalia is found in pregnant women, this is due to the uterine pressing on the lymphatics. All we can do for this is to pay great attention to the bowels and prescribe rest. Albuminuria is found in about one out of every five pregnant women - under these circumstances dropping of the lymphatic is apt to occur. So much albumen is thus taken from the system that patients suffering from this disease become very anemic. How shall we treat this? Keep all the mucous lines open, warm baths, mild laxatives - and the use of Iron and Quinex. This must be treated early in pregnancy for if postponed our patient is likely to have Puerperal fever. Morning Distress. nausea and vomiting usually in the morning, usually there is no pain in the

Epigastrium, and the tongue is  
not furred - It is a mere neu-  
vous sickness. When it is not  
excessive we should not meddle  
with it. One of the best reme-  
dies is a Siddy Powder every  
morning. Sometimes it is very  
prostrating. Counter Irritation  
over the abdomen is very useful.  
Heart burn is often formed pres-  
ent in pregnant women. The  
Sulphate of magnesia is here  
often useful. Allowing them to  
chew a few almond nuts often  
prove beneficial. Constipation  
is a dangerous attendant of preg-  
nancy. Castor Oil is a very  
useful article in order to rem-  
edy this. During the last month  
it is well for the woman to take  
Bis or going to Bed, that is if  
suffering from Constipation.



Scarcely is sometimes profuse when this is the case it must be checked. The mammary glands nearly always become irritated in pregnancy. This can be relieved by putting Ext of Belladonna on lint and placing it on the irritated gland. Severe headaches often demand our relief. We must, for them, sometimes use alkalis or acids. in extreme cases we sometimes have to bleed.

There are two kinds of uterine contractions. The elastic contraction, and the alternate or spasmodic contractions. A little previous to Labor the uterus subsides and this is one of the signs of an approaching Labor. Another sign is an increased secretion in the vaginal canal. The first stage of Labor is the dilatation of the

of uteri, the second is the  
expulsion of the child, the  
third and last is the expul-  
sion of the "after birth." Irr-  
itation of the rectum and  
bladder are symptoms pres-  
ent at the first stage of La-  
bor. Nausea and vomiting  
are also present. Nervous  
irritation - Chattering of teeth  
and sometimes actual chills  
occur early in the first stage  
of Labor. Depression is a  
characteristic symptom of  
the first stage of Labor. In  
Labor the uterus is about 2  
or 3 inches inside of the vulva.

The first object in a vaginal  
examination is to obtain a  
certain knowledge if she is  
pregnant or not. The next



is to ascertain whether or not the woman is in labor or not. next is she in labor at "full term." next to ascertain the frequency and length of the "pains." The use of the "bag of waters" is to prevent pressure on the child's head - and this bag goes ahead of the child as if to clear the way - it is also useful to keep the uterus distended. Care must be taken not to rupture this bag in the early stage of labor.

Diameters of the fetal head. The cervico bregmatic circumference.  $3\frac{1}{2}$  in. -  $3\frac{1}{2}$  in. The occipito frontal circumference. 4 in. -  $3\frac{1}{2}$  in. The sag. gito mental circumference -  $4\frac{1}{2}$  in.  $3\frac{1}{2}$  in. The Facial Circumference - 3 in. -  $2\frac{1}{2}$ . The Trachelo bregmatic circumference.  $3\frac{1}{2}$  in.  $3\frac{1}{2}$  in. The occipito mental circumference 3 in

3½. The Curved Frontal Hair -  
Vertex Presentation. Occipito  
Anterior Position, and Occipito  
Posterior Position are the two  
divisions of this presentation.

The Tampoon should never  
be used in the third stage  
of Labor. It may be used  
in the hemorrhage of Placenta  
Praevia. Menorrhagia Ab-  
ortion &c. Why do we use  
a binder after Labor? By com-  
pressing the Abdominal ve-  
ins we press upon the Blood  
vessels running along the  
spinal column and thus  
we keep the blood in the Me-  
dulla Oblongata & Brain.  
Next it helps the uterus to con-  
tract. And lastly it helps  
the muscles of the abdomen



to resume their proper position, which will insure the good form of the woman.

The binder should be unbleached muslin  $1\frac{1}{4}$  yd long and wide enough to reach from the xiphoid to the false ribs. A compress must be placed under the binder or over the abdomen. After hemorrhage the Binder may be put on as tightly as possible. After delivery, we notice in the woman a slow pulse, and much perspiration. There is also high mental exaltation - we must therefore keep the patient very quiet, and in a darkened room. The woman is almost always constipated. Immediately after labor the uterus will weigh 3 pounds in three months it will weigh only

1/2 ounce. After Labor is completed the uterus undergoes a sort of fatty degeneration, & in fact a new uterus is made.

Keep off "after pains" after the Placenta and membranes have been removed by the use of Ergot. If the after pains become once established, employing Ergot which will at first increase the pains but ultimately by causing proper contraction it will relieve it.

After that use an enema of some 9H XE or L. Visit the patient every day for 5 or 6 days after she has been delivered. Early on the morning of the 3rd day use Castor Oil  $\mathcal{R} \frac{1}{4}$  in order to move her bowels which have been constipated.



This anticipates the Milk fever.  
During this state we should  
insist upon a strict Cy. Jarman  
cous diet. This should be con-  
tinued for a week. After  
this she may have a little  
chicken soup. Nursing women  
should not eat acid fruit nor  
indeed any acid for it apt  
to produce colic in the baby.

The Puerperal woman should  
not get up until after the 10th  
day.

To prevent the chapping of nipples  
direct the mother to wet the nipple  
with saliva before it goes into the  
mouth of the baby. Goulard's Con-  
centrated on a little piece of lint makes  
a very good application to a chapped  
nipple. Castor oil is very good for  
the same purpose. 2 teaspoonfuls  
of green tea, to which add 2 wineglasses

ful of warm water. 82 Spiritals  
of Brandy makes a very good  
wash for a chapped nipple.

Mammary Abscess. Usually  
begins in the secretory part of the  
organ. infrequently however it  
begins in the connective tissue  
of the part. Cold is a fruitful  
cause of Mammary abscess.

Treatment. To prevent mammary  
abscess "claw" the woman dur-  
ing the first puerperal week. I  
have the baby nurse often in or-  
der to keep the nipples moist  
and in order to keep the milk  
passage open. Warm oil makes  
a very soothing wash to an en-  
larged breast. The nurse must  
empty the glands of the milk  
by suckling herself. Extract of  
Belladonna is very useful and  
will stop often the secretion of milk.



R. Exp. Bell

Syrup aa

M. S. smear the Gland with  
this twice a day.

A brisk saline purge should  
also be employed - and after  
that a dose of opium. If all this  
will not stop the abscess, your  
whole treatment must be changed  
she must not eat about all she  
wants - that is in quantity - Beef tea  
Chicken soup. she must not have  
opium - morphine, alcohol Stim-  
uli. After the abscess has opened  
Lumen & Opium should be used

Acute Idiopathic Inflammations  
sometimes add to the suffering of  
the Puerperal female. These are  
altogether independent of Puerperal  
fever. These inflammations be-  
gin a few days after delivery with

a chill. The milk will be scanty and the local changes charges are also less than usually. If these inflammation are not rightly treated the woman is likely to die of internal abscess or gangrene. If the woman has a good deal of pain. Blood-letting must be resorted to. This may be general or local and very free. After this we will use a mercurial purge. Castor oil goes. A leech should be placed all over the abdomen. And then we must rub over with Opium. A Blister, 4 or 5 inches square may be placed on the abdomen.

Puerperal Fever. Comes on as



an Adynamic fever. The lesions  
after death are various. Some-  
times no lesion is found. Per-  
itonitis is often found as a  
lesion. This disease is sup-  
posed to be due to a variety  
of <sup>any one</sup> poisons which enter the blood  
of the Puerperal fever. Erys-  
sipelas, Small Pox, Scarlatina  
etc. are poisons capable of pro-  
ducing this disease. This di-  
sease is contagious. After  
having made a post mortem,  
wash your self all over - hair  
brush. Change your clothes, &  
wash your hands in disinfec-  
tants, such as chloride of lime,  
before attending <sup>another</sup> ~~another~~ an  
woman. Symptoms. Commences  
on with a chill and a few  
days after delivery. This is  
followed by a fever. The char-

action of this power differs with  
the particular organs affected.  
The menstrual secretion & the  
lochia discharges are either  
limited or stopped. If for-  
tunately an attendant of this  
disease as it usually is the  
abdomen will be exquisitely  
pained and the abdomen  
swells. The woman also  
has a sick stomach and  
she vomits much. Pulse  
weak and fluttering. The  
condition of the tongue is va-  
riable. This is called Puer-  
peral Peritonitis. Treat-  
ment. When we determine  
that there is acute inflam-  
mation of any organ we  
should act freely. Purgin-  
g use of calomel. Rouben  
of flaxseed over the abdomen.



Clasp the cord about 3 inches from the child and apply the ligature about  $\frac{1}{2}$  an inch from the end of the cord. Rub the skin all over with lard on a rag which will remove the sebaceous mat-ter from the infant. Joss the mucus must be washed out. Then the baby must be put into a hot bath and washed - using bland soap. Then place the Infant on the side. It prevents the mucus from collect-  
ing in the lungs.

Cyanosis. Blue disease - due to imperfection in either the heart or lung - or due to imperfect ex-  
pansion of the lungs. Prof. May recommends that the child be placed upon the right side. This should be done. When the mucus cures the "Green" is due to

the irritation of the garrunt.  
If the child has any fever con-  
nected with the "Gums" we may  
administer Castor Oil  $\mathcal{R}$ i. Fear-  
ing the surfar is sometimes  
useful. Infants sometime  
have Jaundice the first month  
of life, a  $\mathcal{R}$ i of Castor Oil will  
usually relieve this. En-  
largement of the Mammary Gland  
generally appears some few  
days after birth. Usually  
this affection does not call  
for treatment. We would  
use minute doses of Calomel  
and a little  $\mathcal{R}$ i Carbonate of  
Potassa. sore eyes. Lin'd  
Sulph. gr  $\frac{1}{2}$  in distilled water.  
Gonorrhoeal Ophthalmia in  
infants must be treated  
actively.  $\mathcal{R}$  Argent Nit ~~grs~~  $\mathcal{R}$ ss  
Water  $\mathcal{R}$ ss 3i



drop 2 or 3 drops into the eye  
every day or two. Cold in  
the head in Infants. is prop-  
erly treated by a flannel  
skull cap, which must be  
worn day and night. We  
may also use Castor Oil  $\mathcal{P}$  as  
a purge. Aphthae in Children  
may be treated by mixing equal  
parts of Borax and Sugar and  
wiping it in the mouth once  
a day. Vomiting Generally  
due to a greater quantity of  
food than should be allowed.  
We must then regulate the  
quantity of food taken.  
Diarrhoea. should be treated  
with Castor Oil  $\mathcal{P}$ . Followed  
by Rusp. Mxy. Constipation  
should be treated with Castor  
Oil  $\mathcal{P}$ . Fluid Ext of Senna gtt. v  
is sometimes useful in Consti.

pation.

The first stage of Labor may be considerably prolonged without injury to either mother or child.

If the second stage be prolonged over 6 or 8 hours our child out of every four dies, it is also dangerous to the mother. Labor is sometimes

undirected tedious by dropping of the Amnion. Trepanment ruptures the Bag of Waters & allow the Liquor Amnii to escape and give Eryor.

Plethora is sometimes a cause of tedious Labor. Trepanment. Blind. Sometimes

we have a woman with a weak uterus. Trepanment. Wait until the Os is dilated about as big as a



Silver dollar, then give Ergot.  
Strong emetics must be with-  
held during the 2nd stage  
of Labor. Ergot - (Wine of) Dose  
℥i - contains about gr  $\overline{xv}$  of the  
Ergot.

Version - Is of 2 Kinds - Version by  
the feet - version by the vertex is  
cephalic version - This operation  
must not be performed when  
the os uteri is neither dilated  
nor dilatable - It must not  
be performed when any part  
of the child has passed the  
Os - The Hand must be in-  
troduced in the absence of  
a pain cure in such way  
this must be done in the  
absence of a pain but the  
extraction -

The Bladder and Rectum should  
be emptied before the forceps

be employed. The Male  
blade must always be  
held in the left hand and  
always be introduced at  
the left side of the Pelvis;

Amenorrhoea. Lack of  
the Symptoms of Menstru-  
ation. This may be caus-  
ed by an absence of Ovaries,  
or a want of ovarian de-  
velopment. An imper-  
forate Uterus may pre-  
vent Menstruation for a  
time. Amenorrhoea  
may be due to physical  
obstruction.

Emancipated Menstruation. Never  
having Menstruated.  
Treatment. If the organs  
are absent no treatment



can be effectual. Otherwise -  
Balm Purges. Bathing -  
Friction - Plain and Reg-  
ulated diet. Horse back  
riding. The habit of reg-  
ular menstrual flow should  
be maintained. Friction - Bath-  
ing. Sunshine - Exercise - Im-  
If we have to employ a Cas-  
tle's Castor Oil P. on going  
to Bed is the best one. If  
cod liver oil be used it  
should be given two hours  
after meals.

Suppression of Menstrua. Causes  
Cold. Excitement. In child  
is Suppression the girl often  
has Hysteria in its various  
forms. Cutaneous Eruptions  
are also frequent. Treat-  
ment. Hot Hip baths 110° F.

Neutral mixture. Opium if necessary. The preparation of Iron an among our most potent remedies for Suppression. Aconite is also a strong Emmenagogue. Guaiacum is very useful in Am. syphilis. The oil of Sassafras is an excellent Emmenagogue. Black Hellebore Dr. Hodges particularly recommends.

Menorrhagia. "I flow furcily" Mode of life, Temperament and climate affect the amount of flow. In this latitude Menstruation generally lasts from four to seven days. An ounce of blood is usually



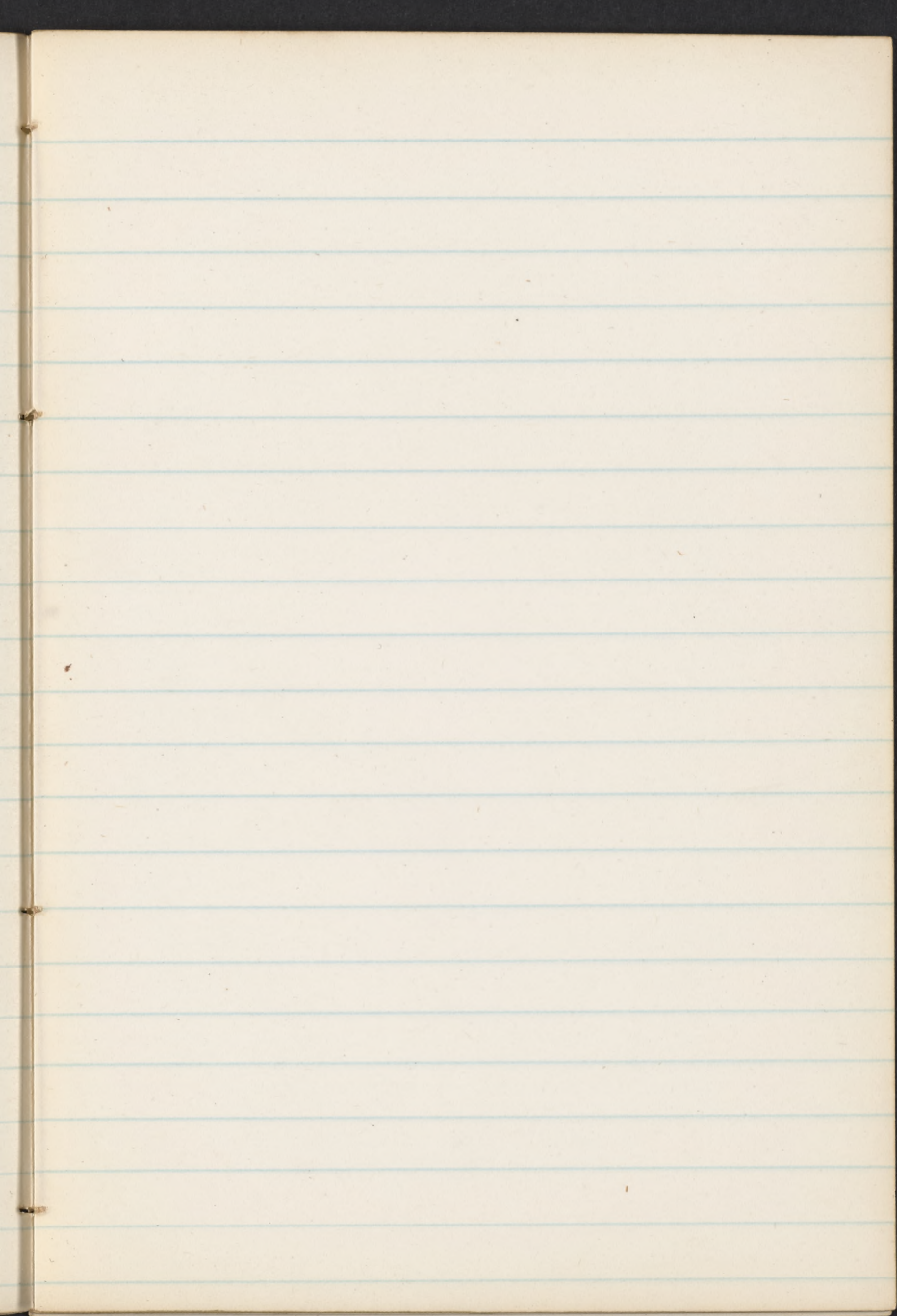
lost every day. Causes  
of Munro-Kugia may be  
either general or local.  
Anemia is a cause. Pleth-  
ora. Cold. Sexual ex-  
citement. Treatment

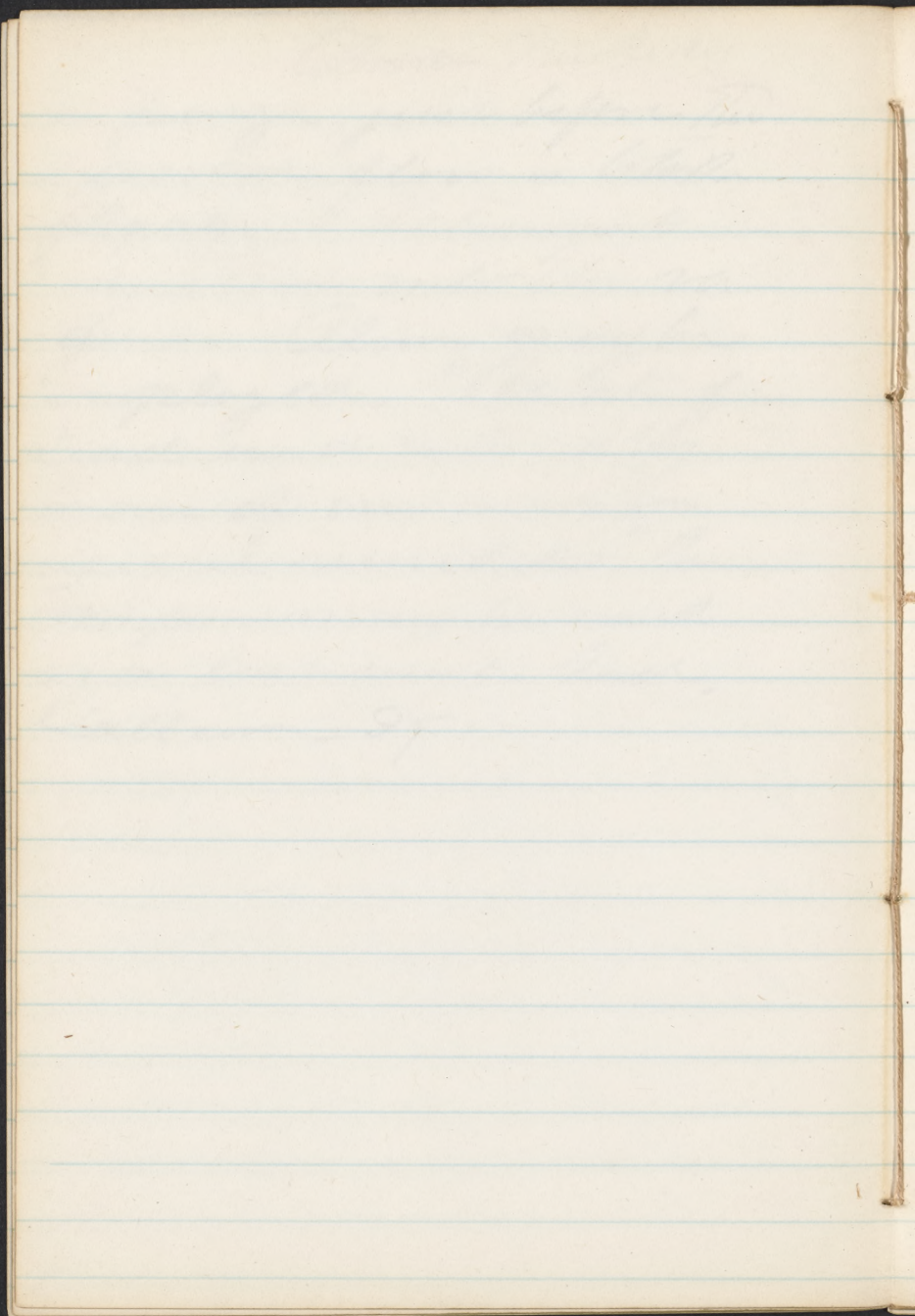
In the menstrual in-  
terval, we must learn the  
cause. If anemia be  
the cause we must if pos-  
sible remove the cause and  
possibly <sup>build</sup> up the system.  
If Plethora be the cause,  
we must put the patient  
on a restricted diet.

Saline purges. Bathing  
Exercise and Friction -  
are useful in this di-  
sease no matter what  
be the cause. Sometimes  
a blister over the Sacrum  
is useful. Purgos not

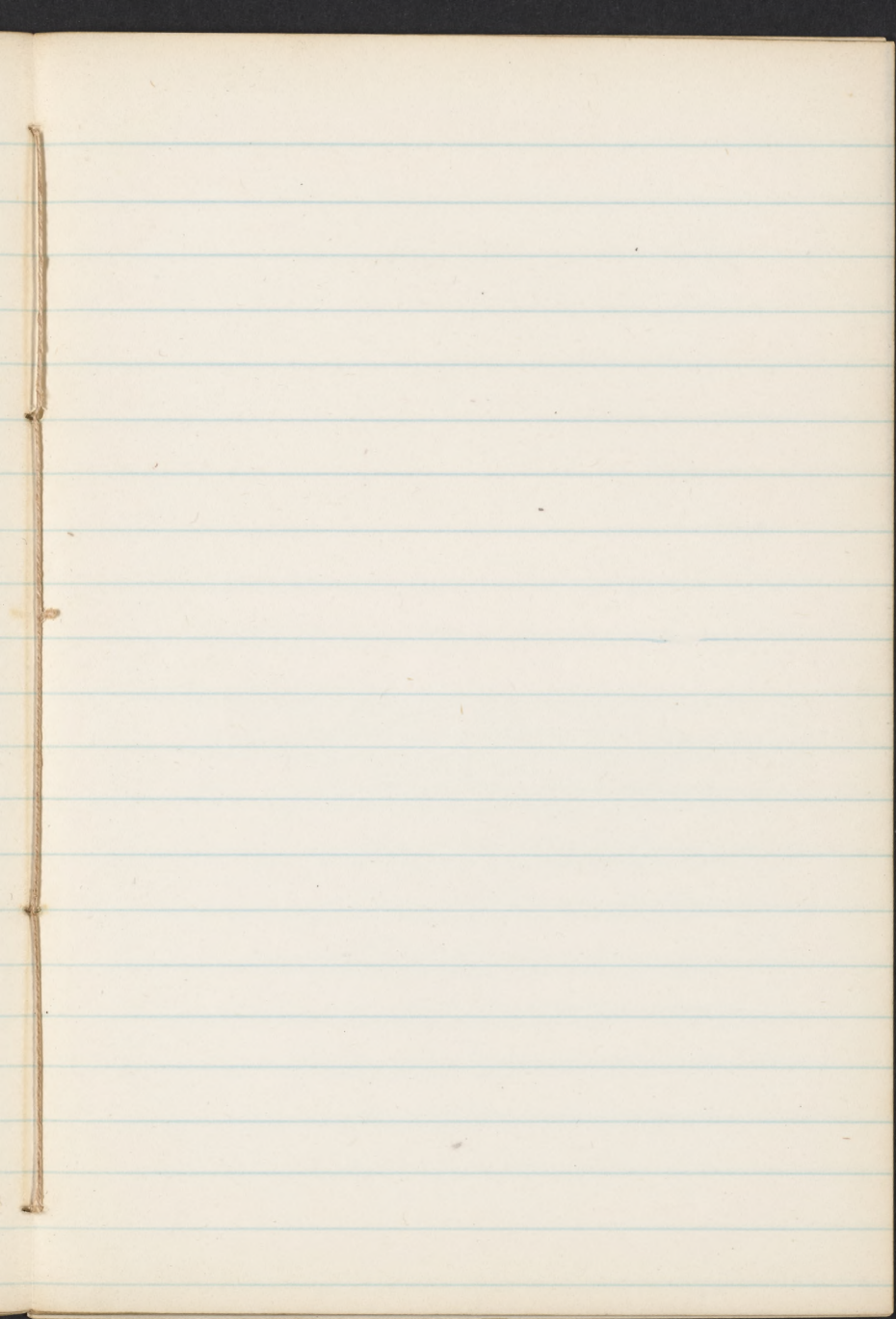
Elmer Newberry  
a Surgeon, just before the  
expected flow is to take  
place. - Astringent  
injection into the va-  
gina - Alum may be  
employed. "Acetate of  
Lead used internally  
is one of our most  
useful remedies" The  
Tampoon may be used  
as a last resort. Aca,  
Gallium - 27

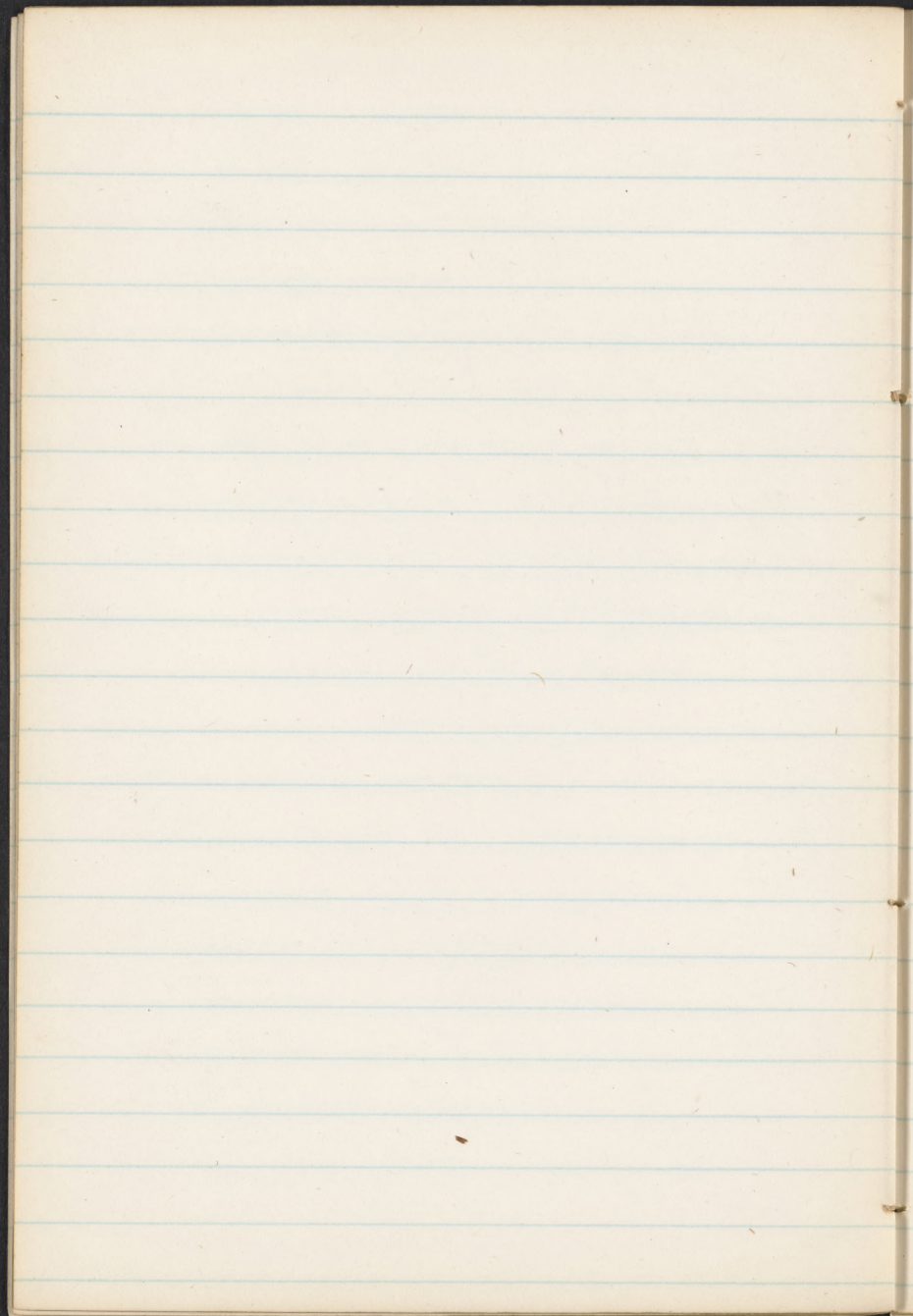




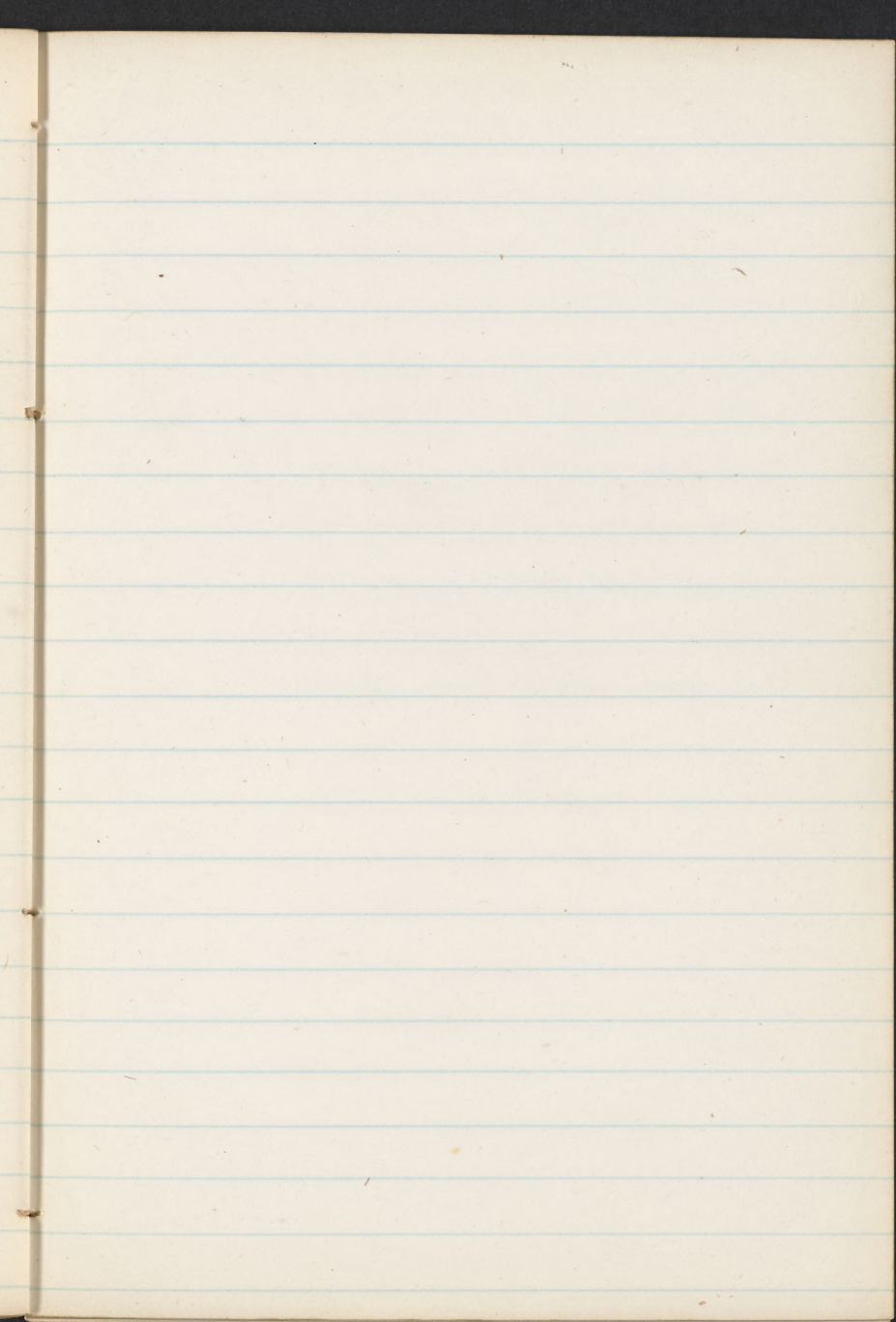


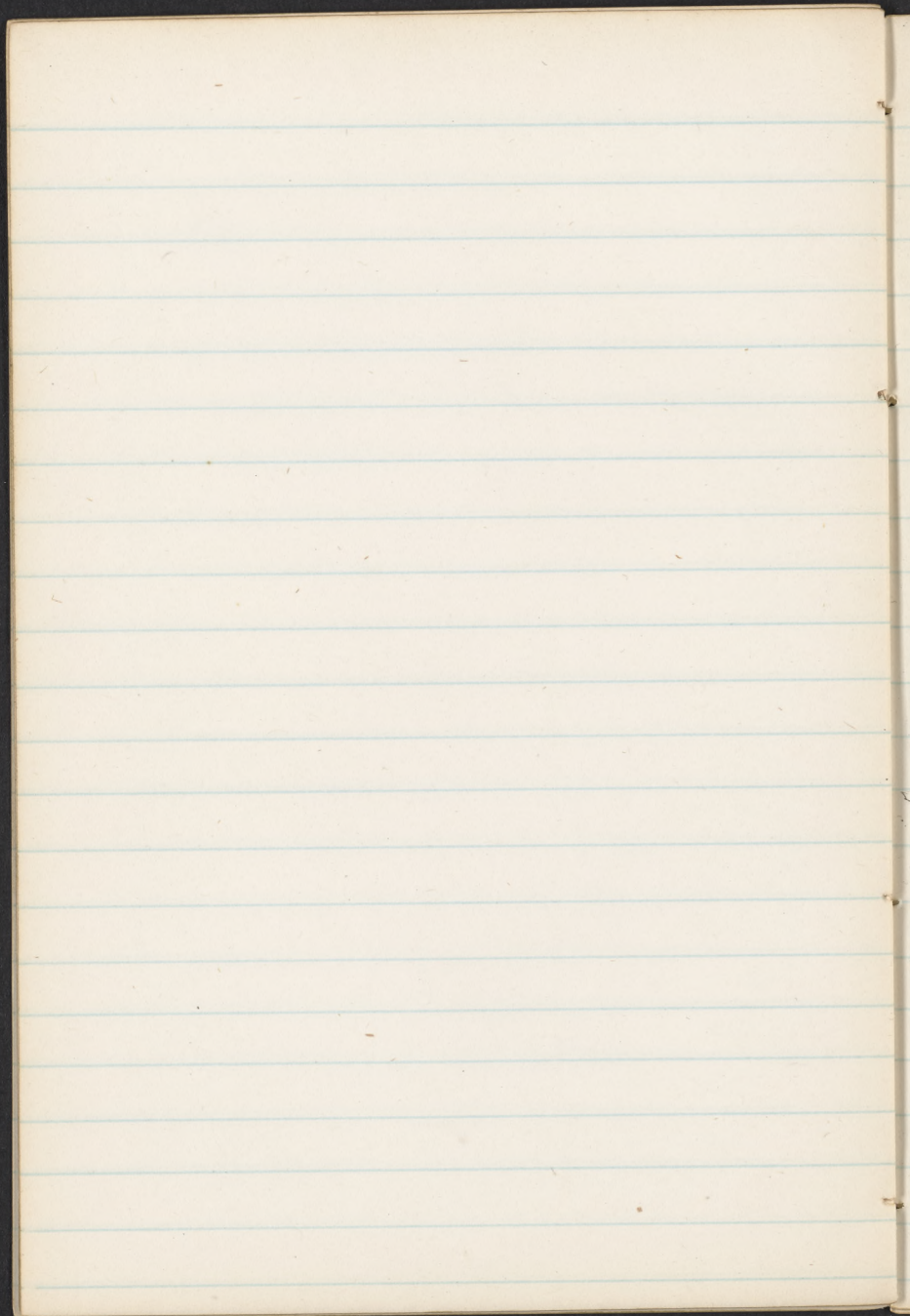




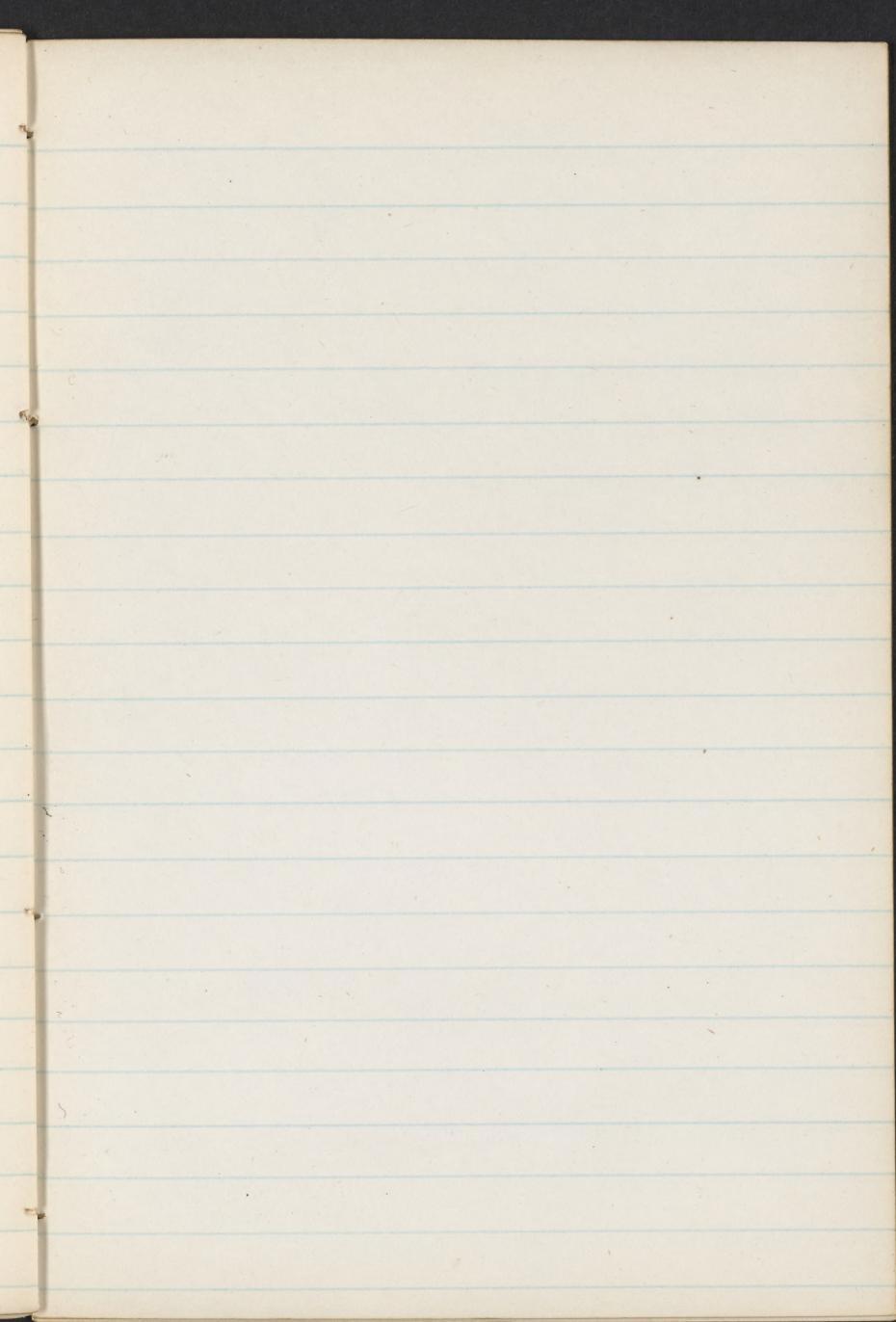


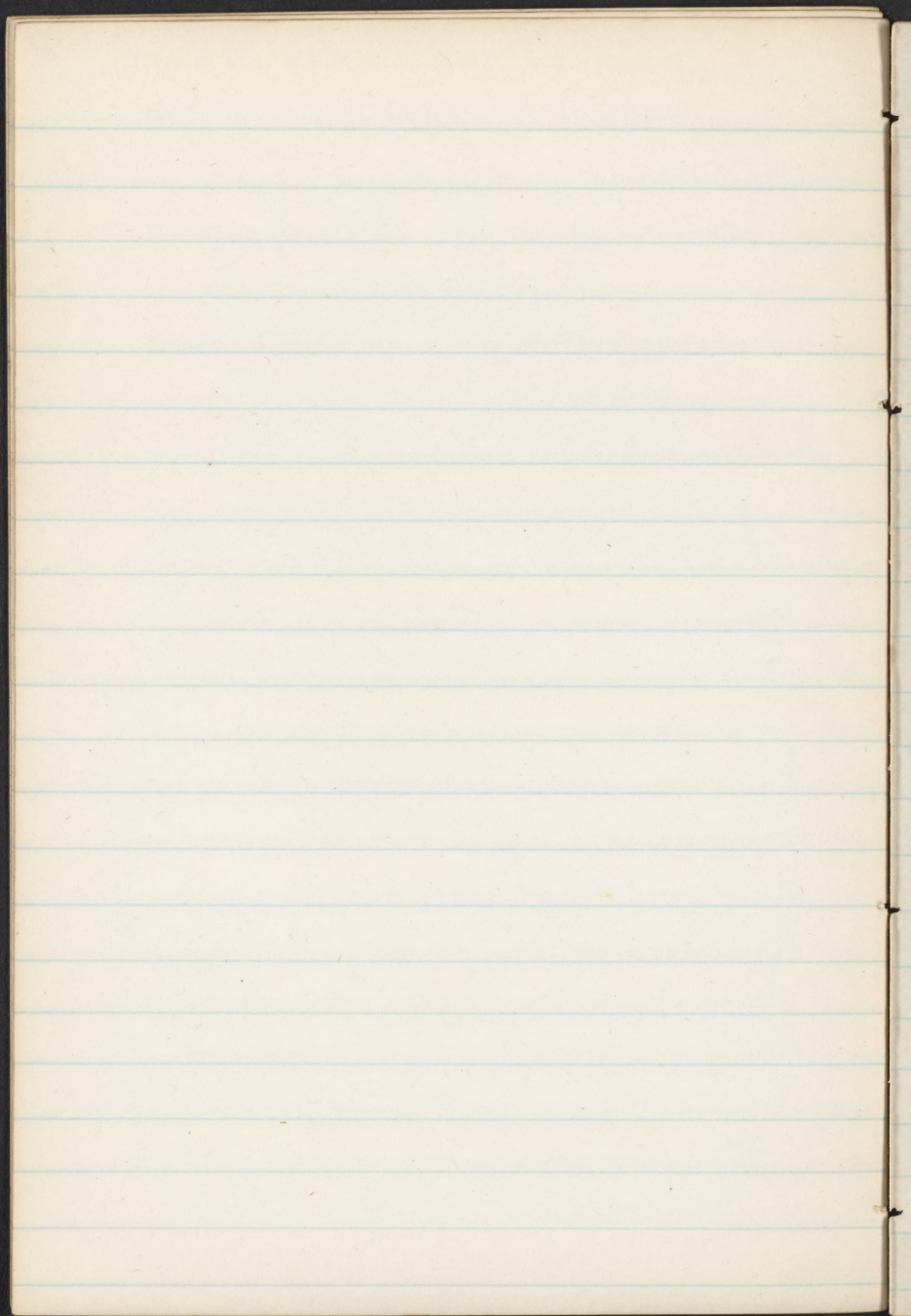




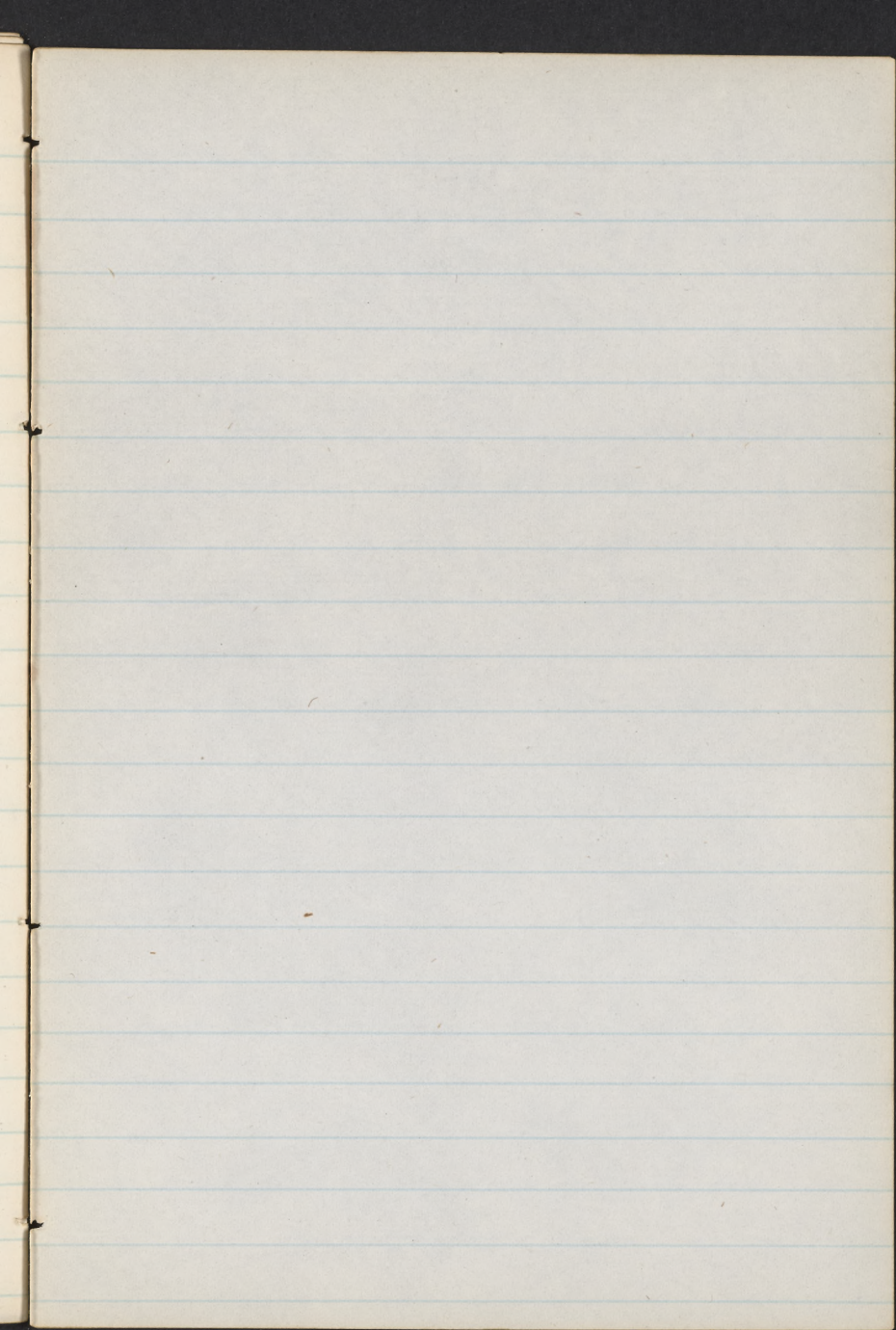


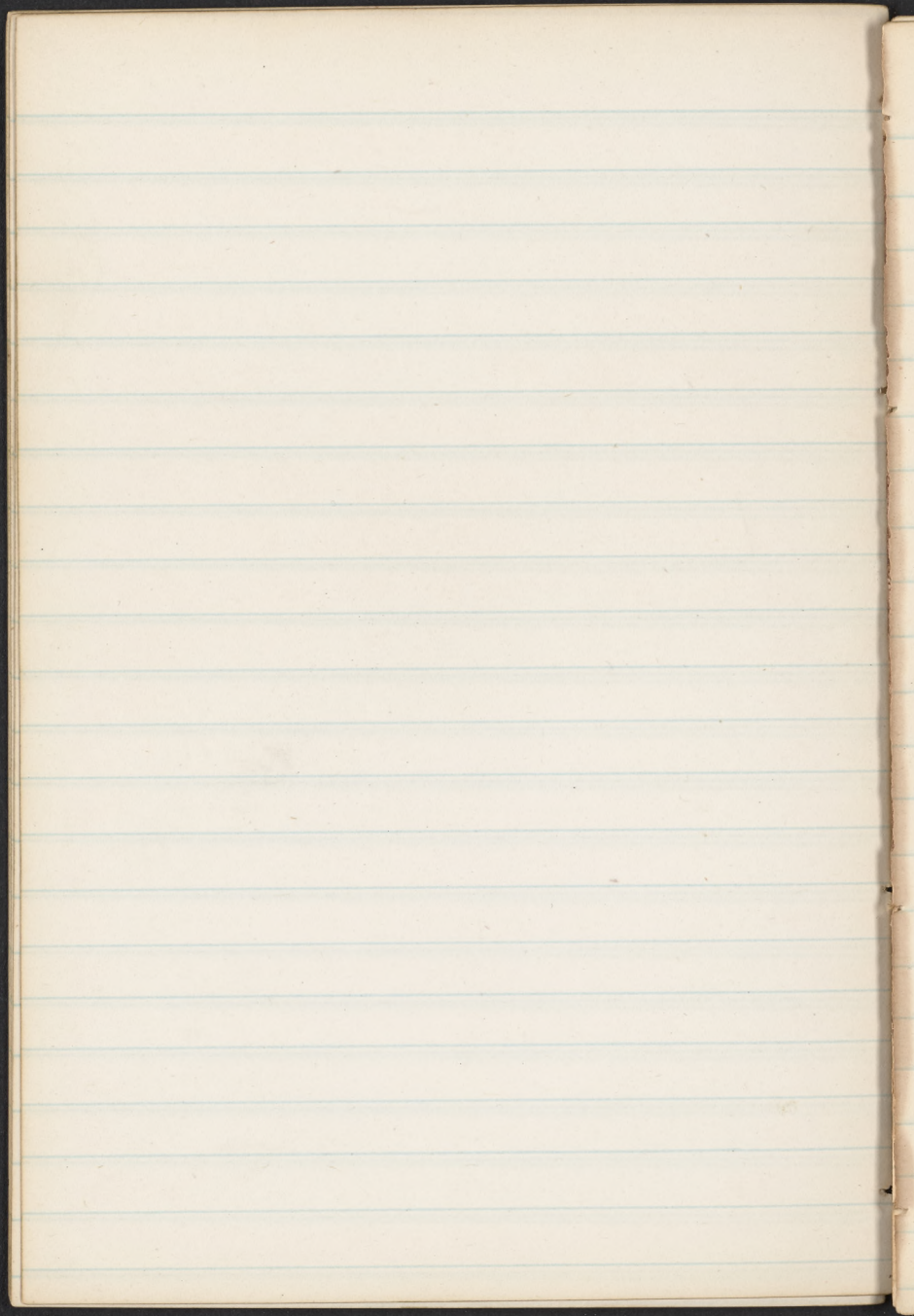




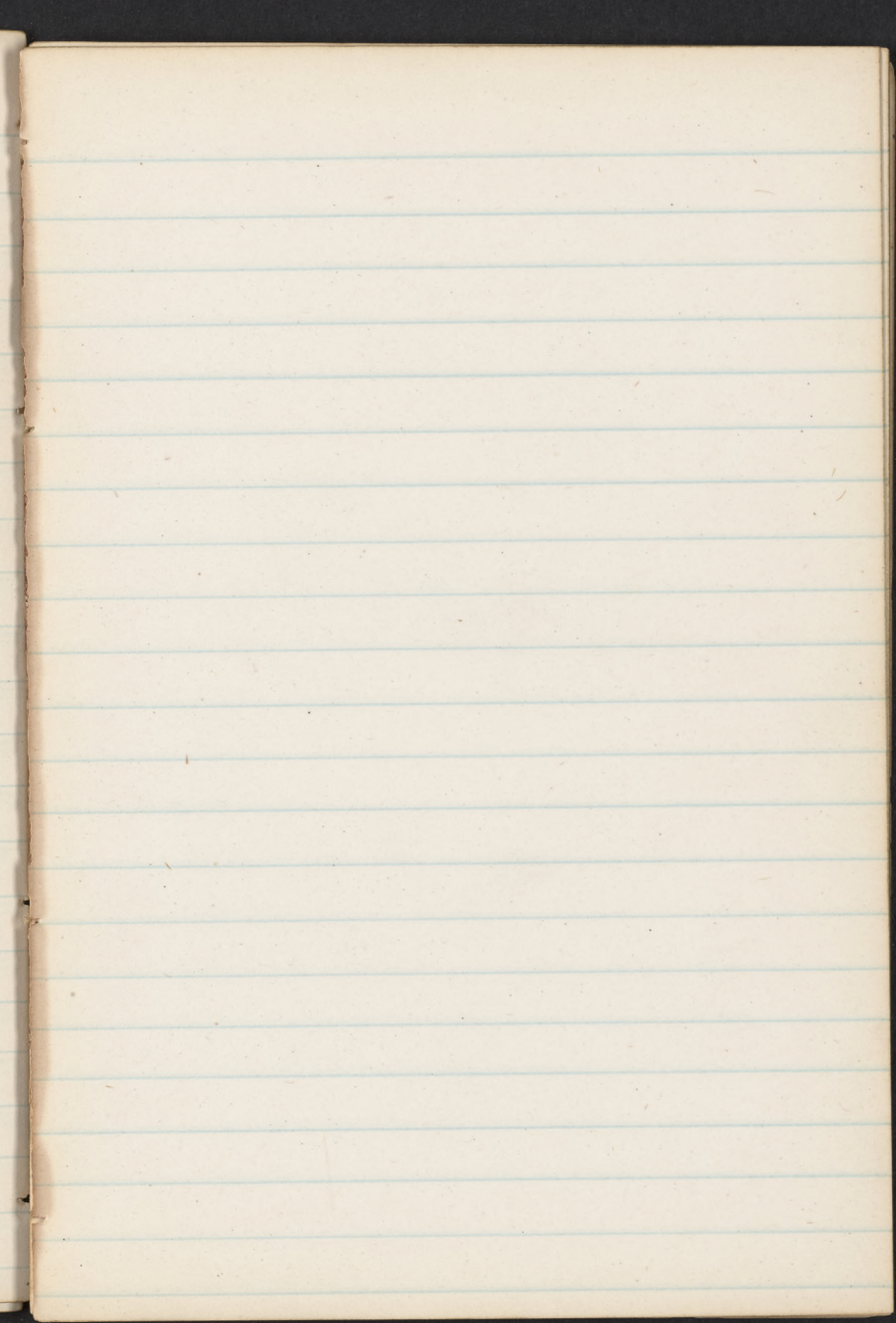


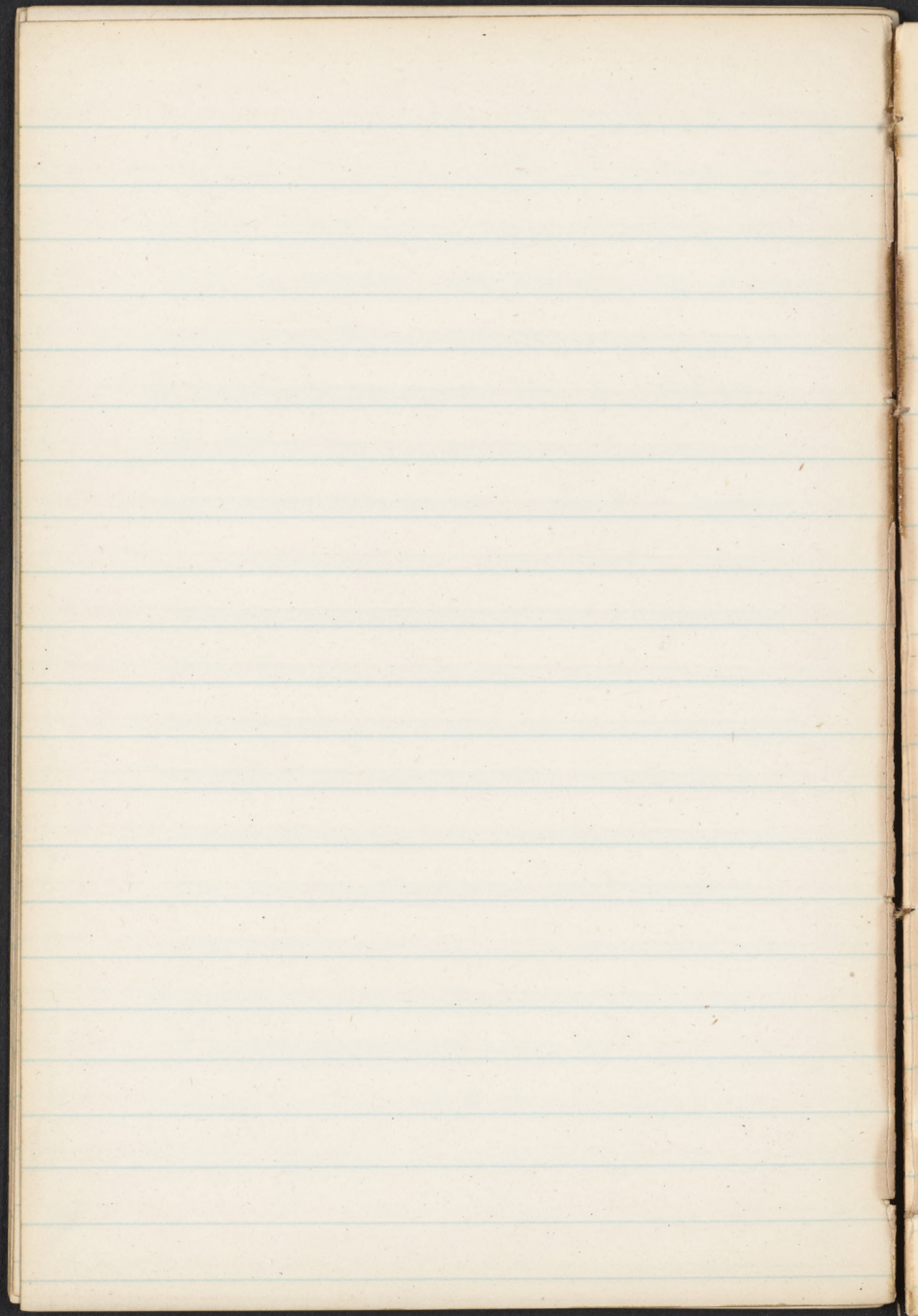




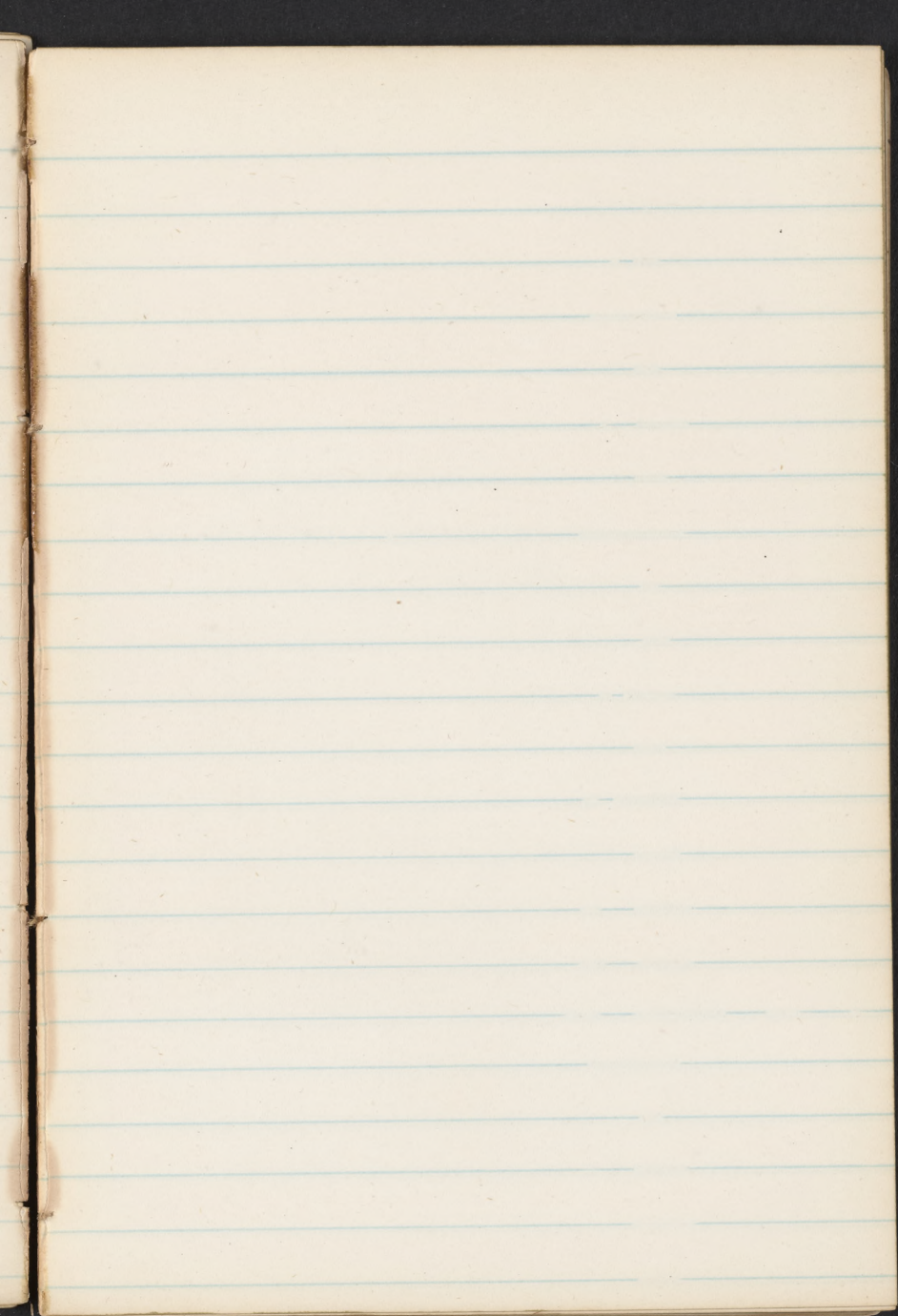


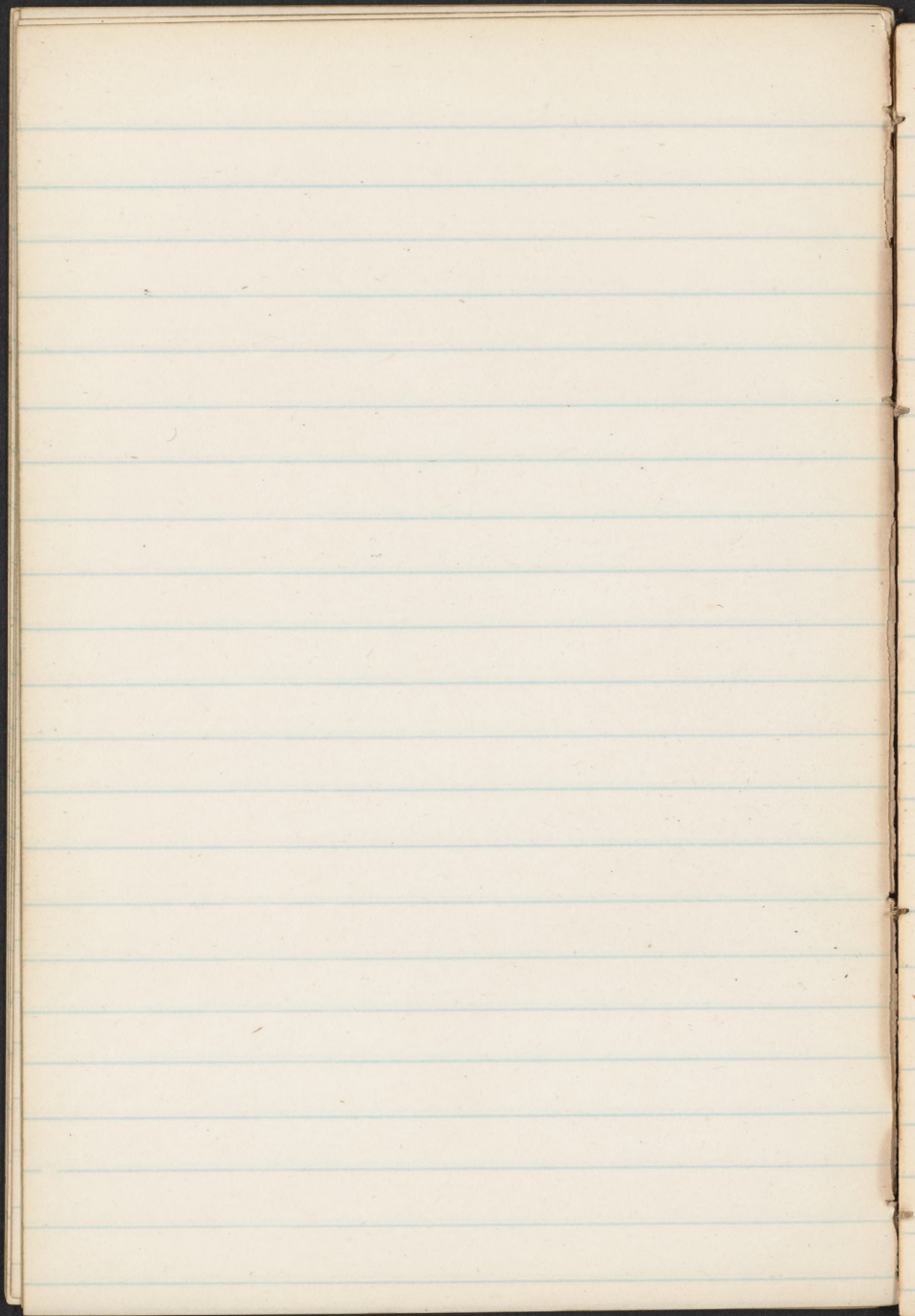




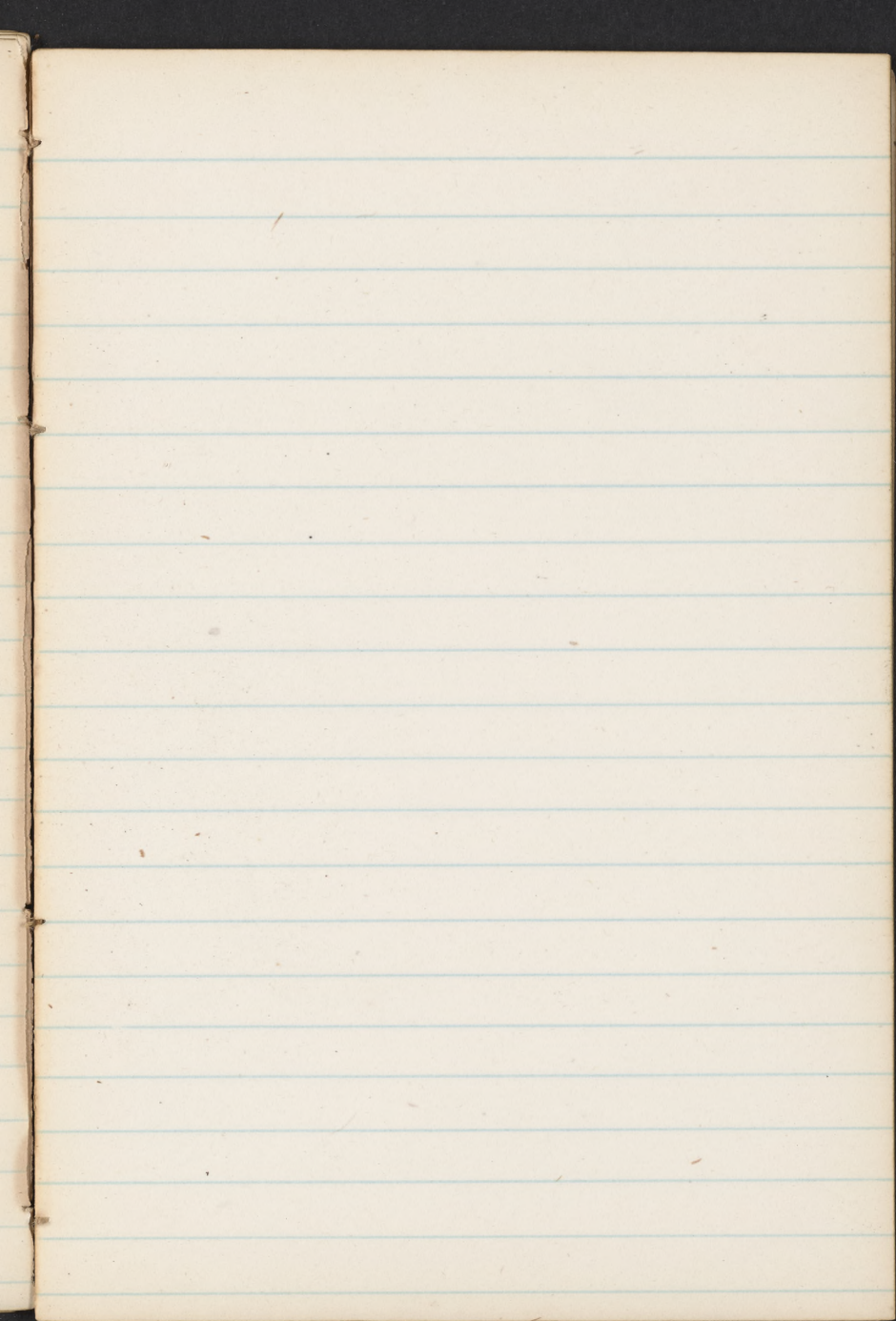


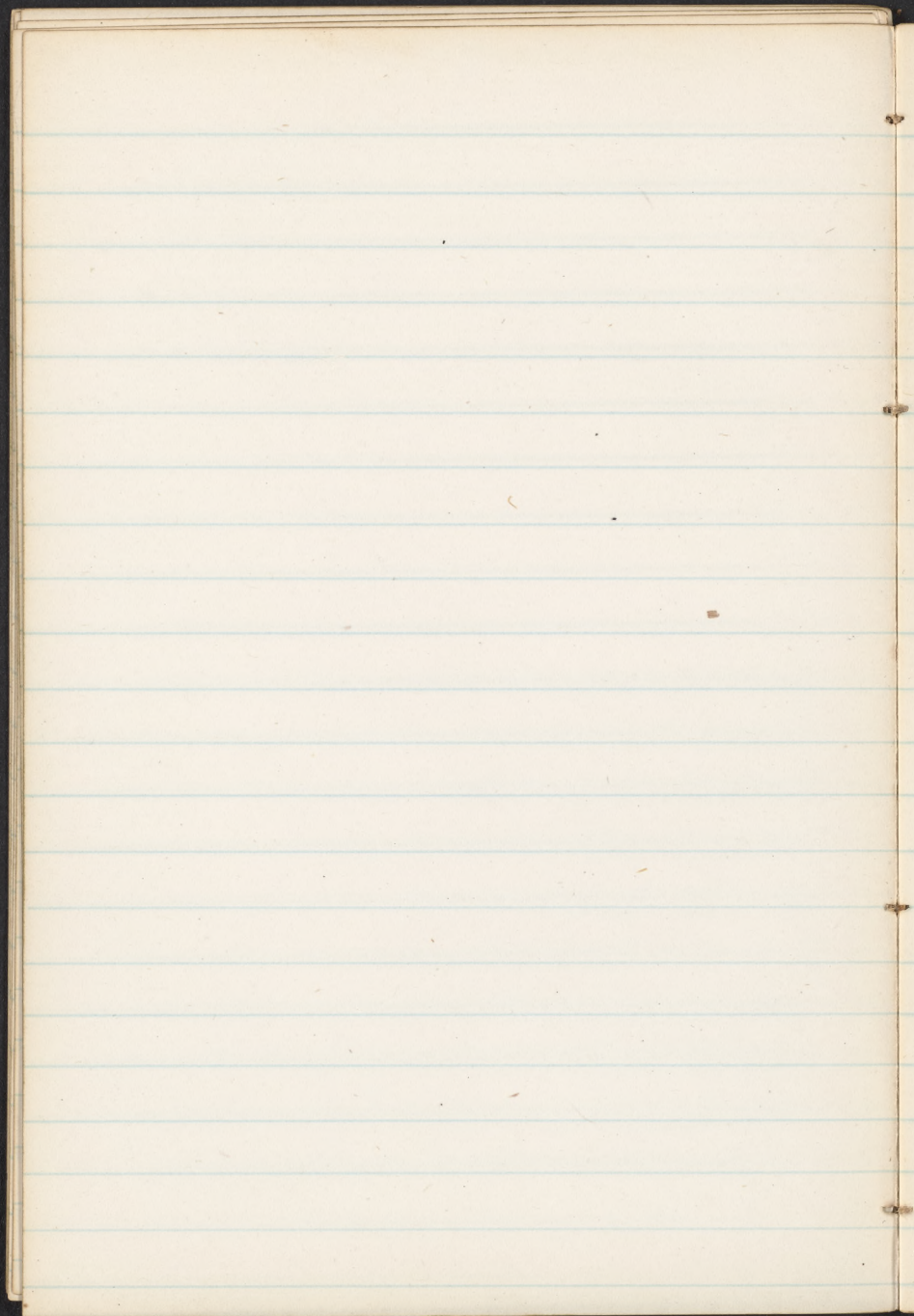




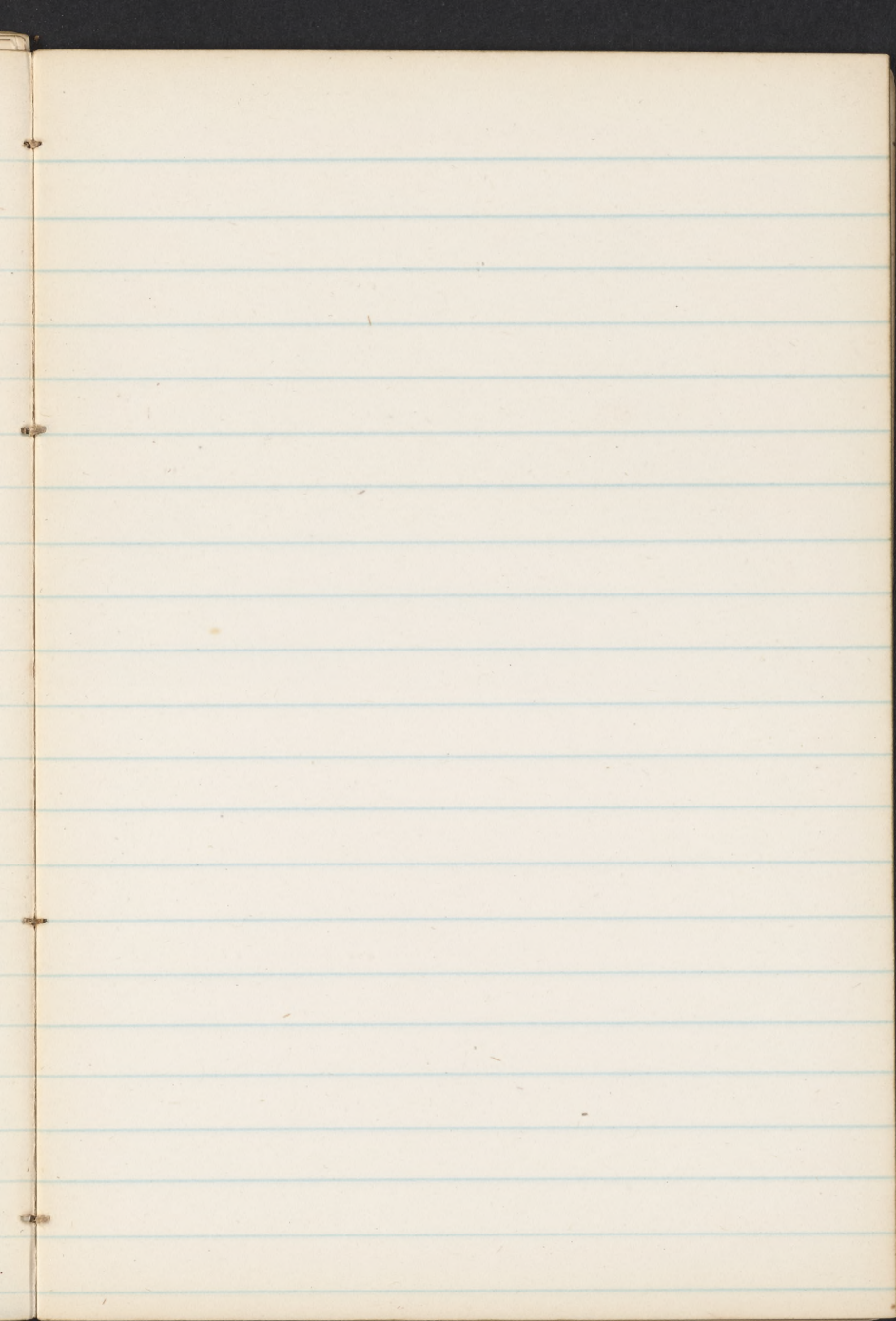


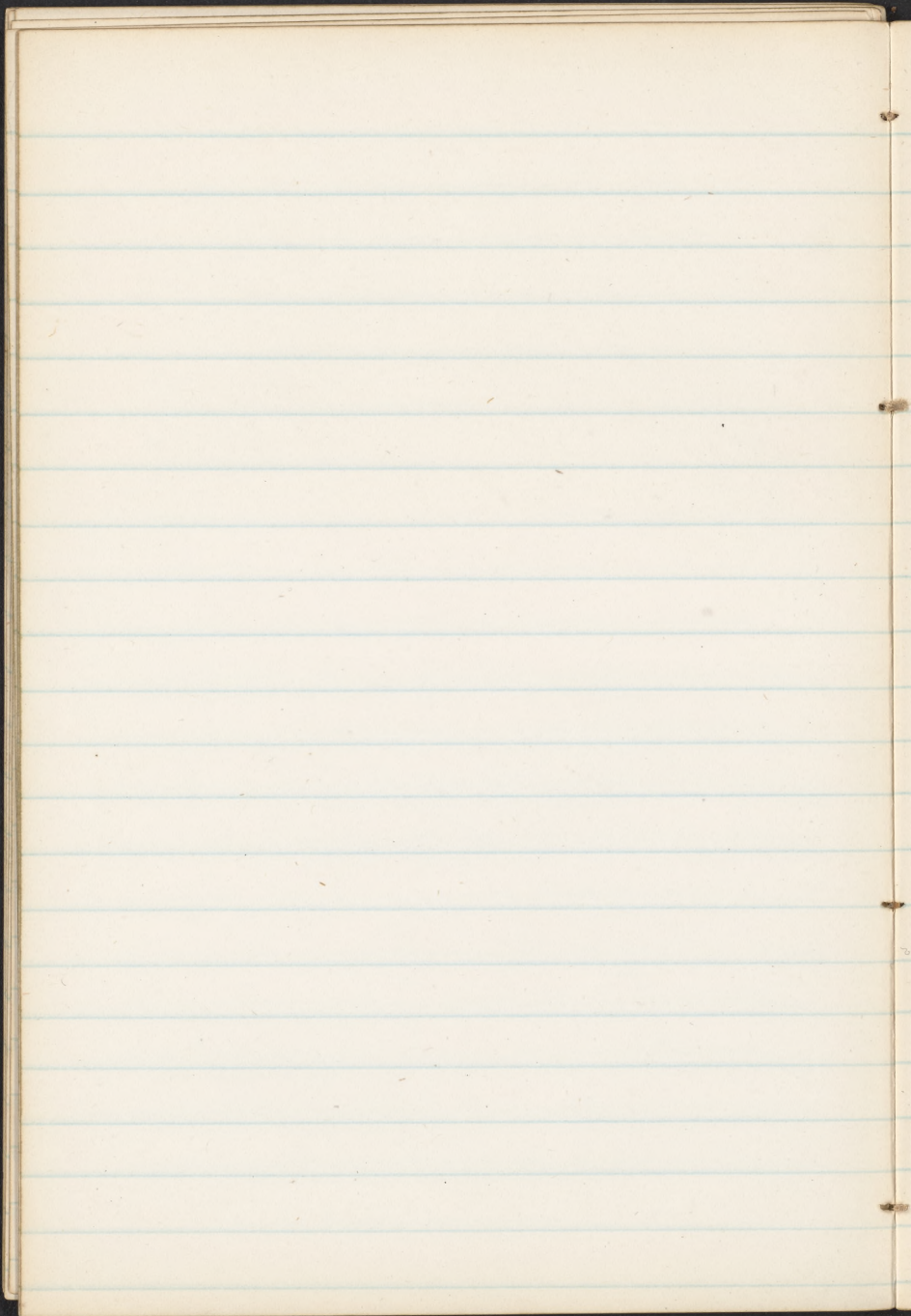




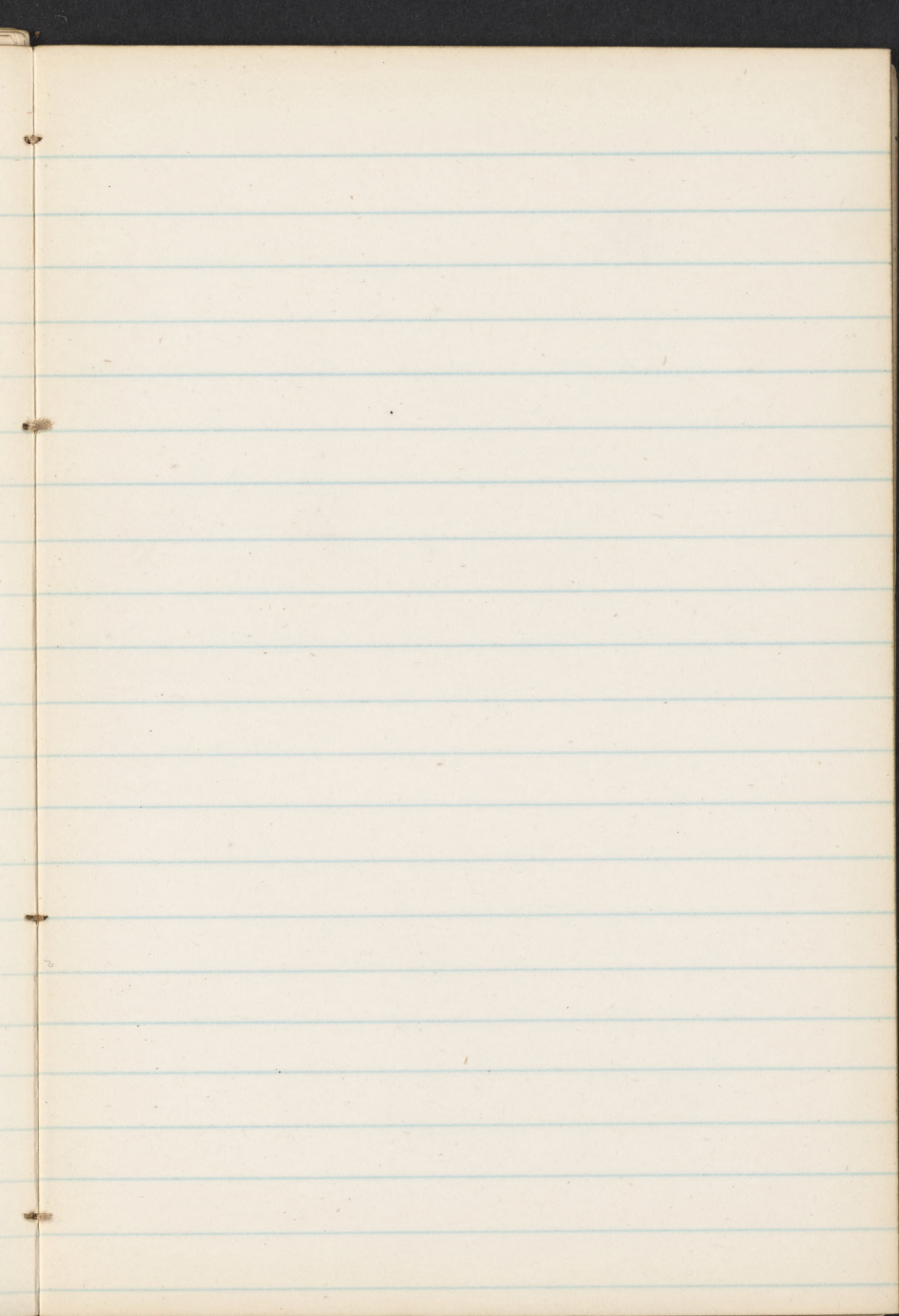


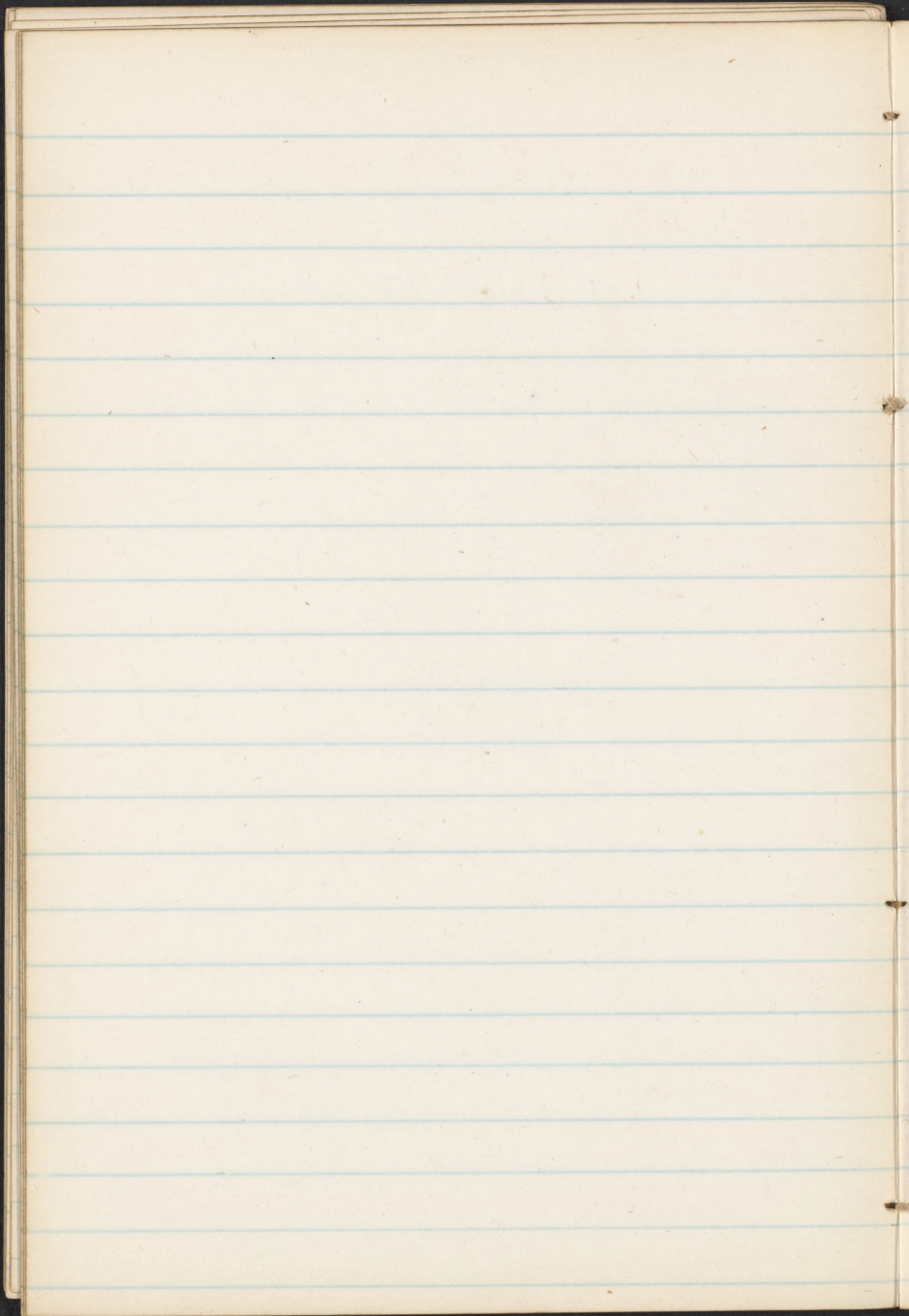




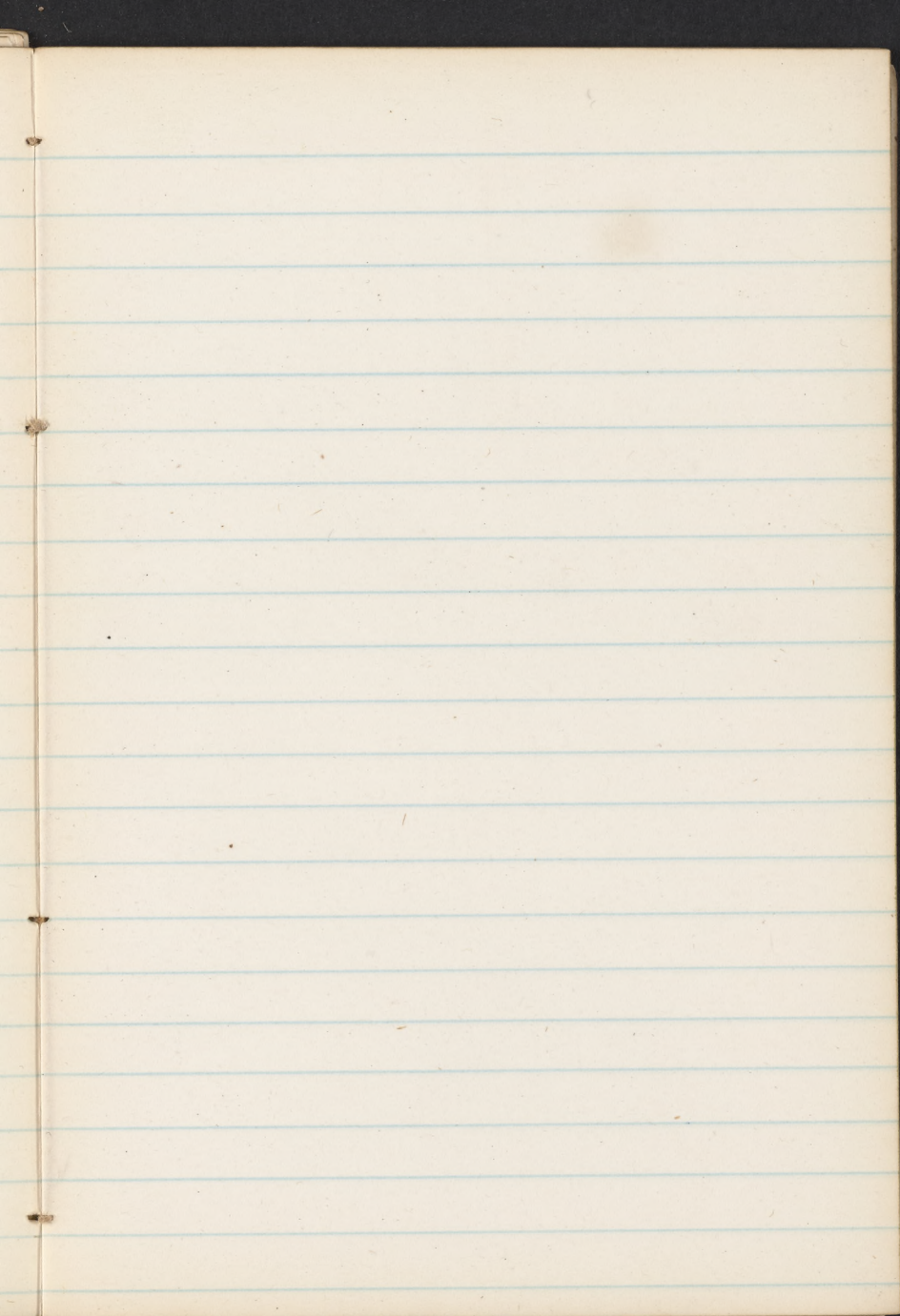


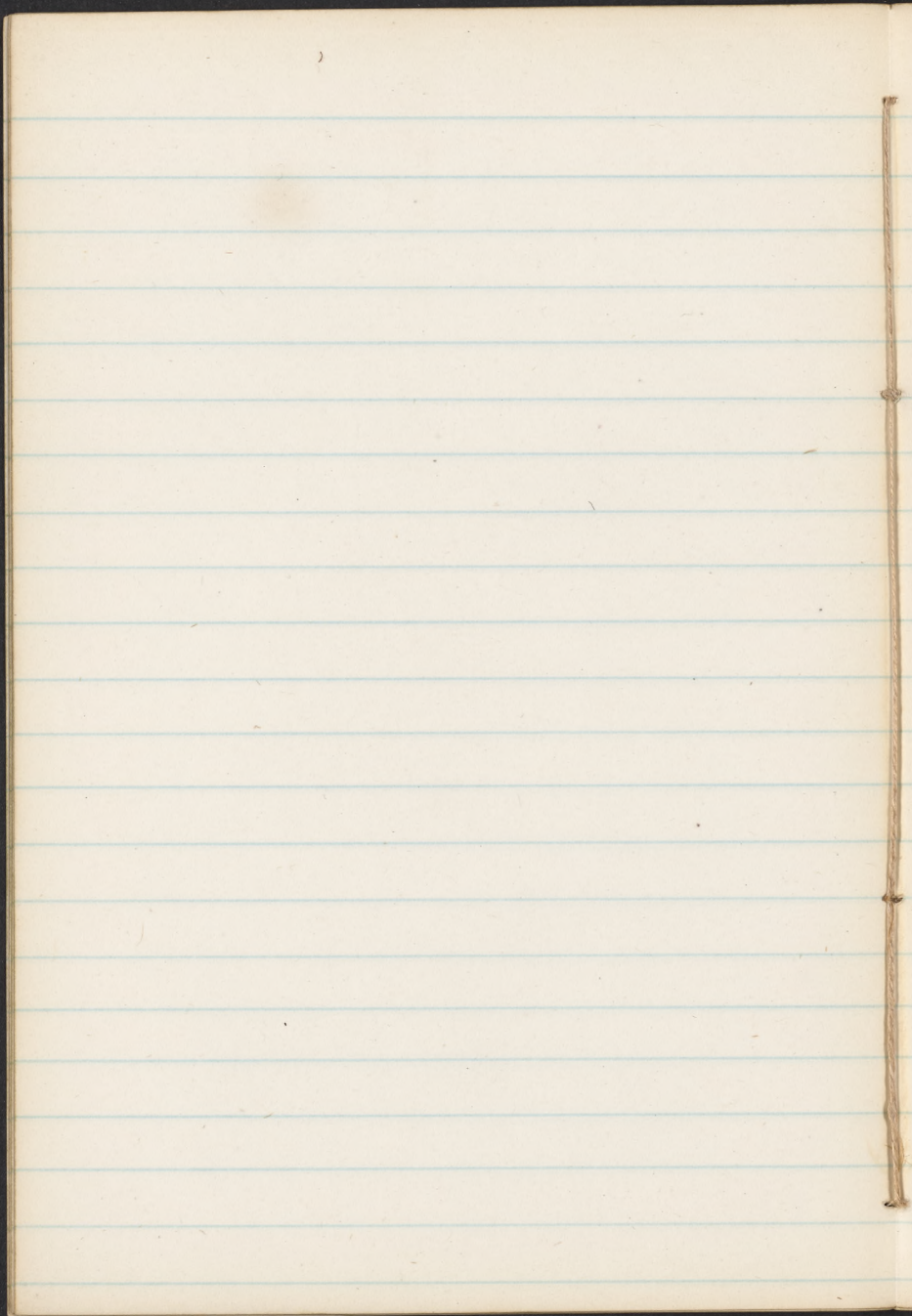




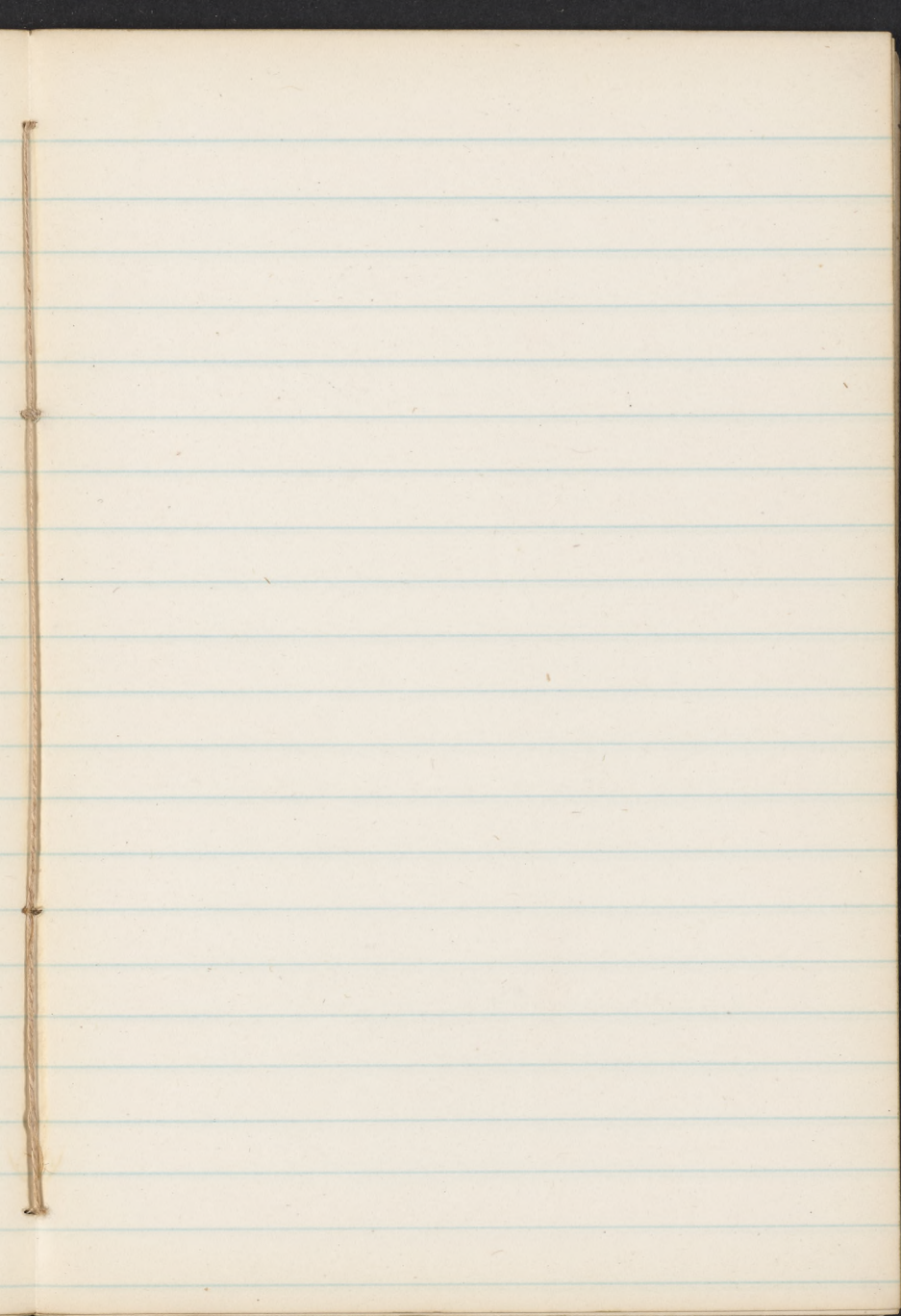


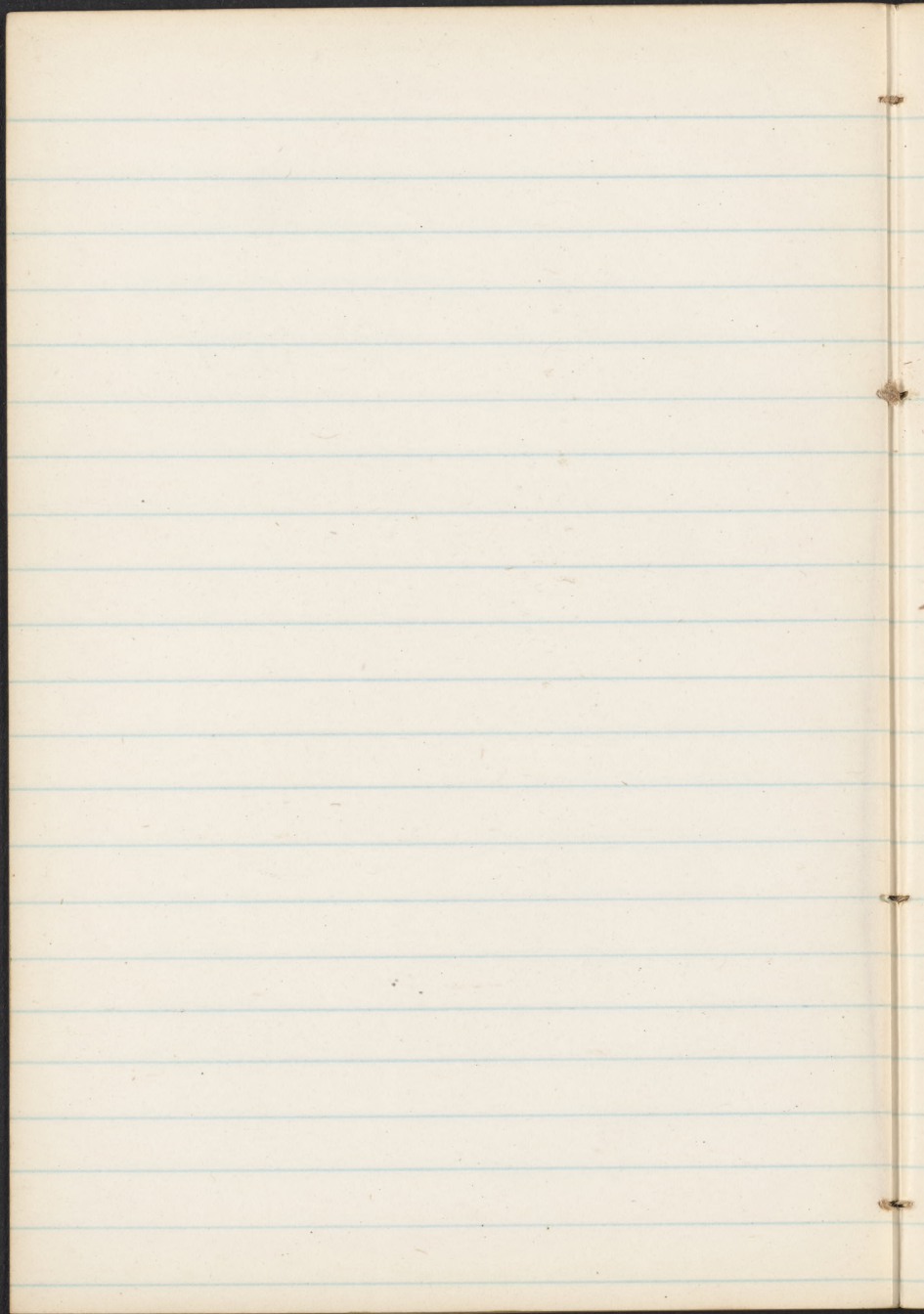




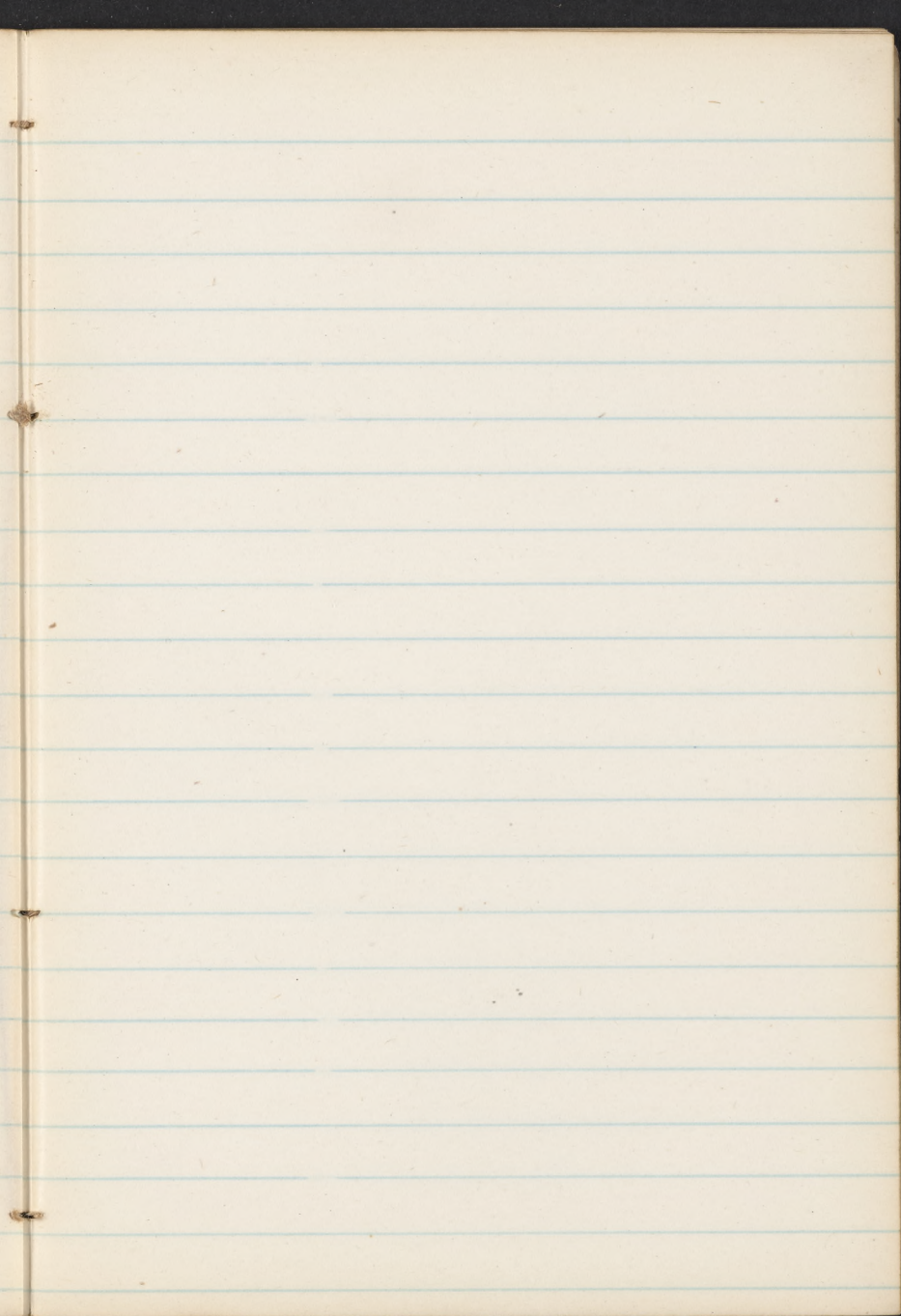


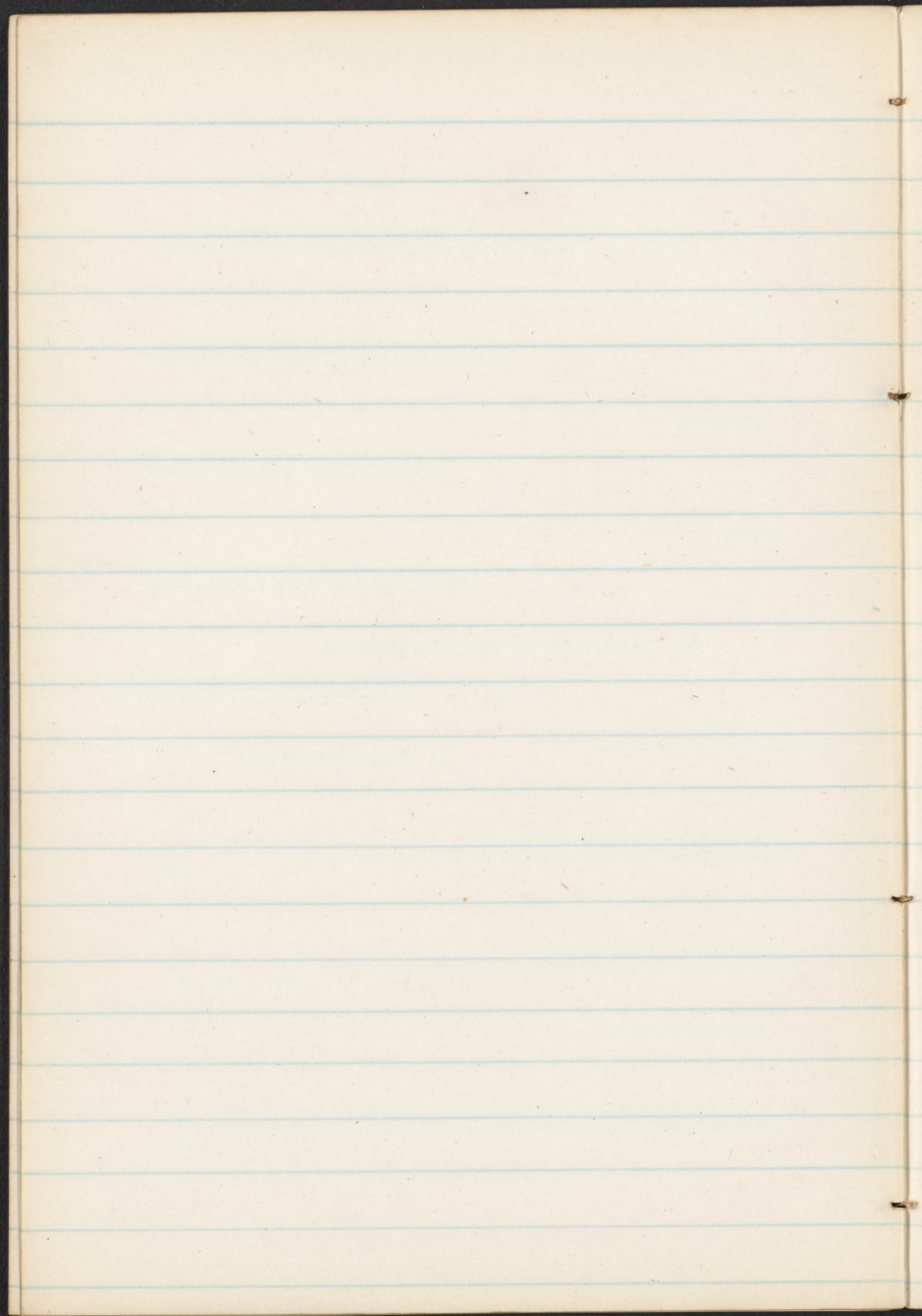




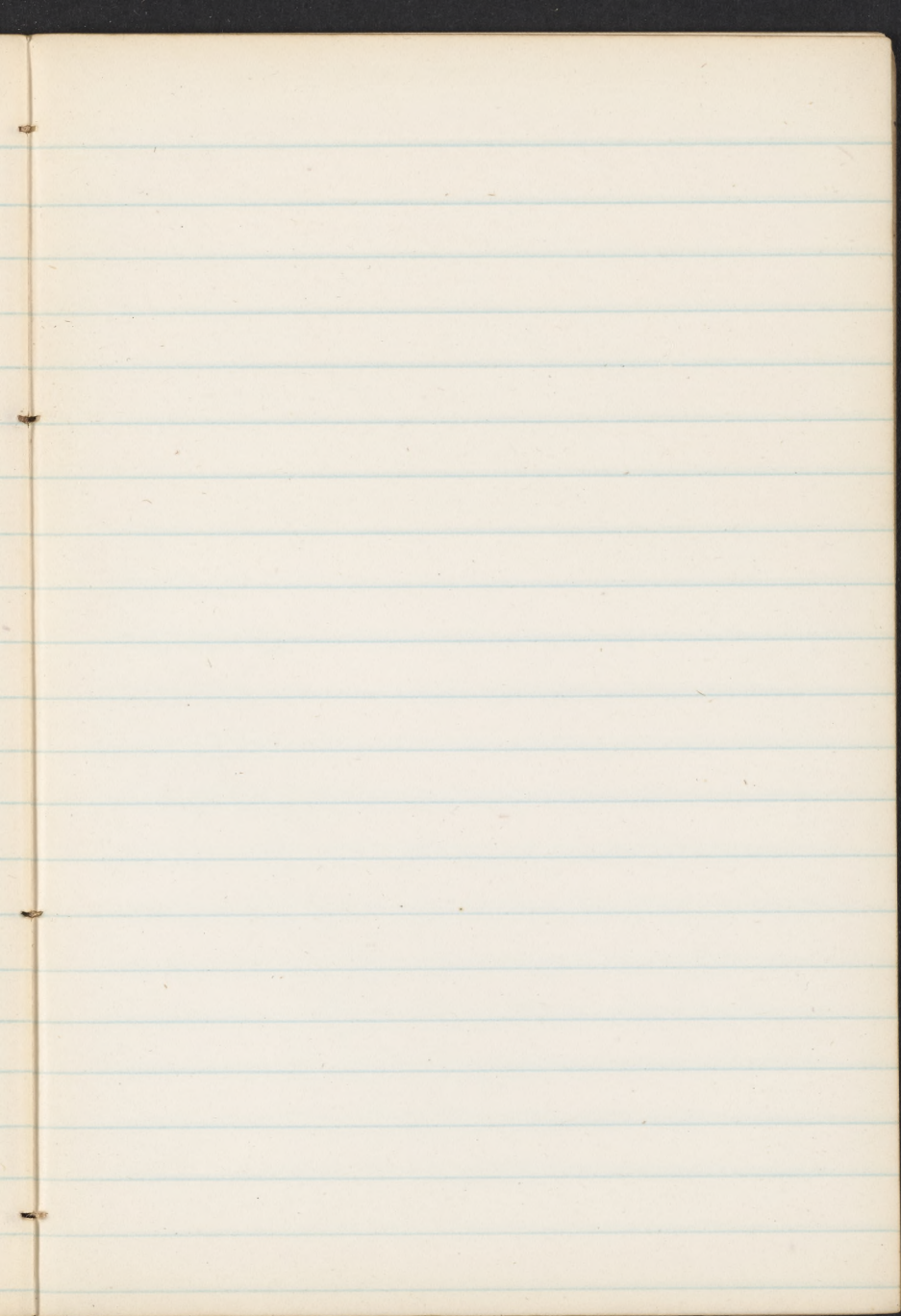


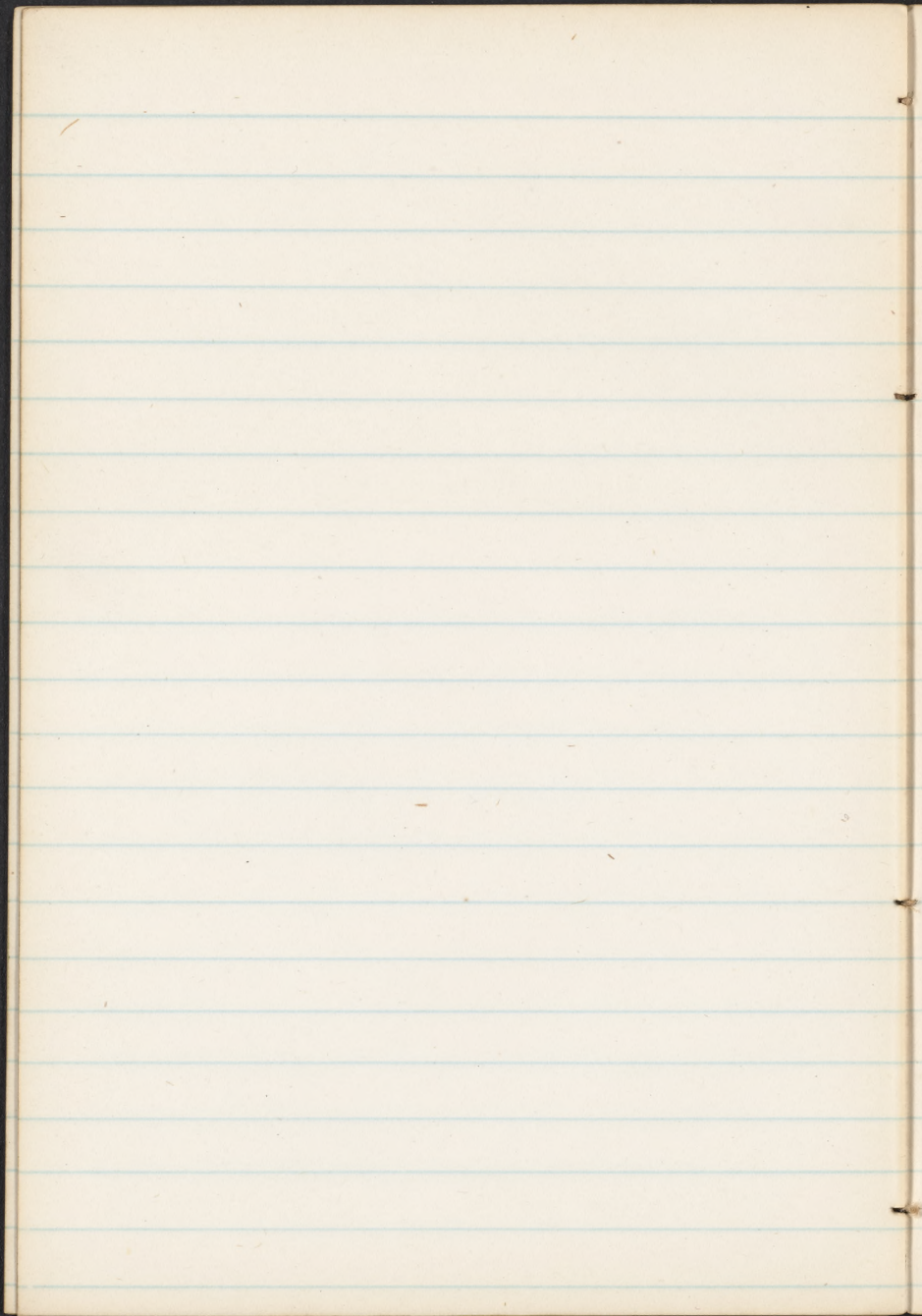




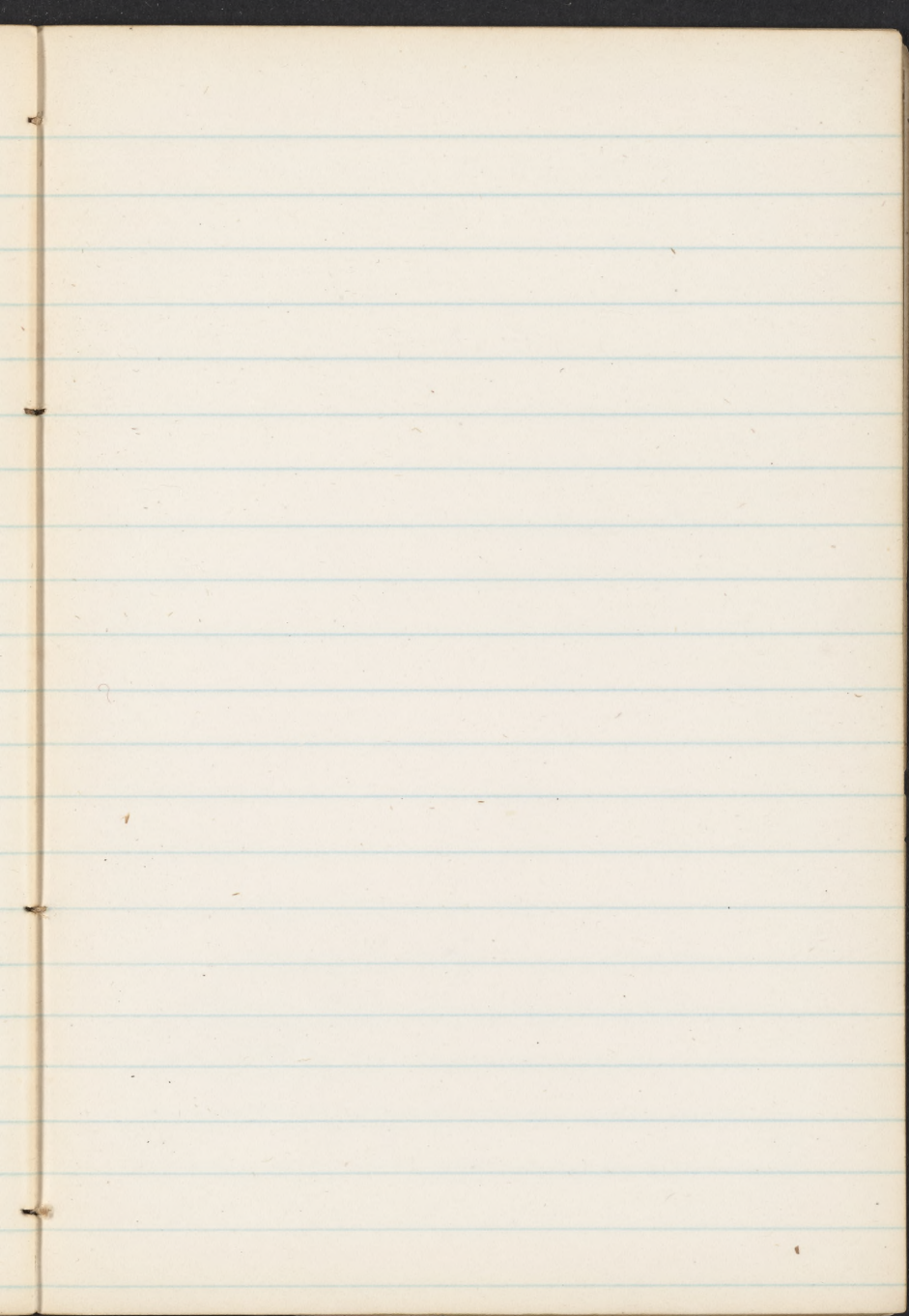


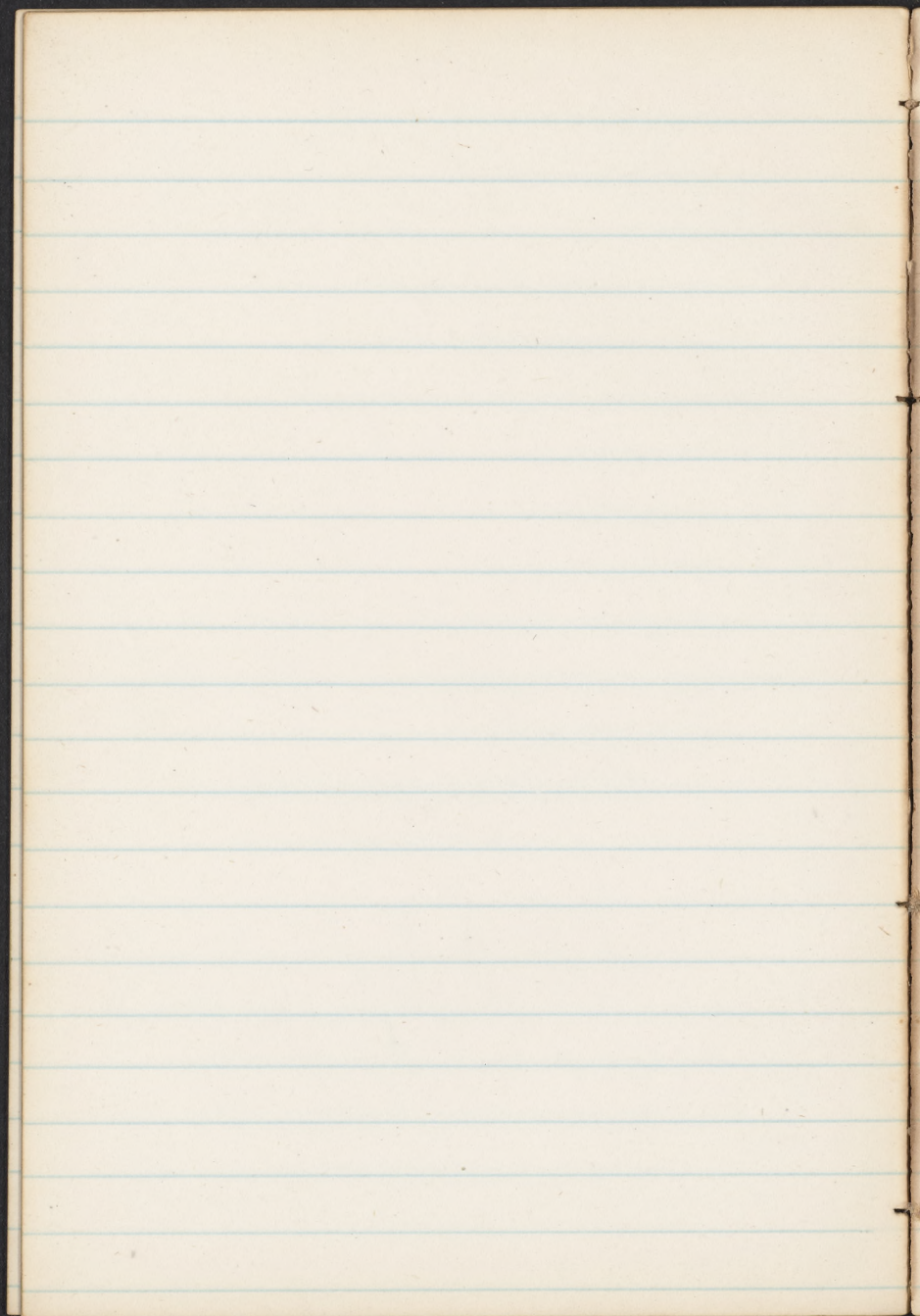




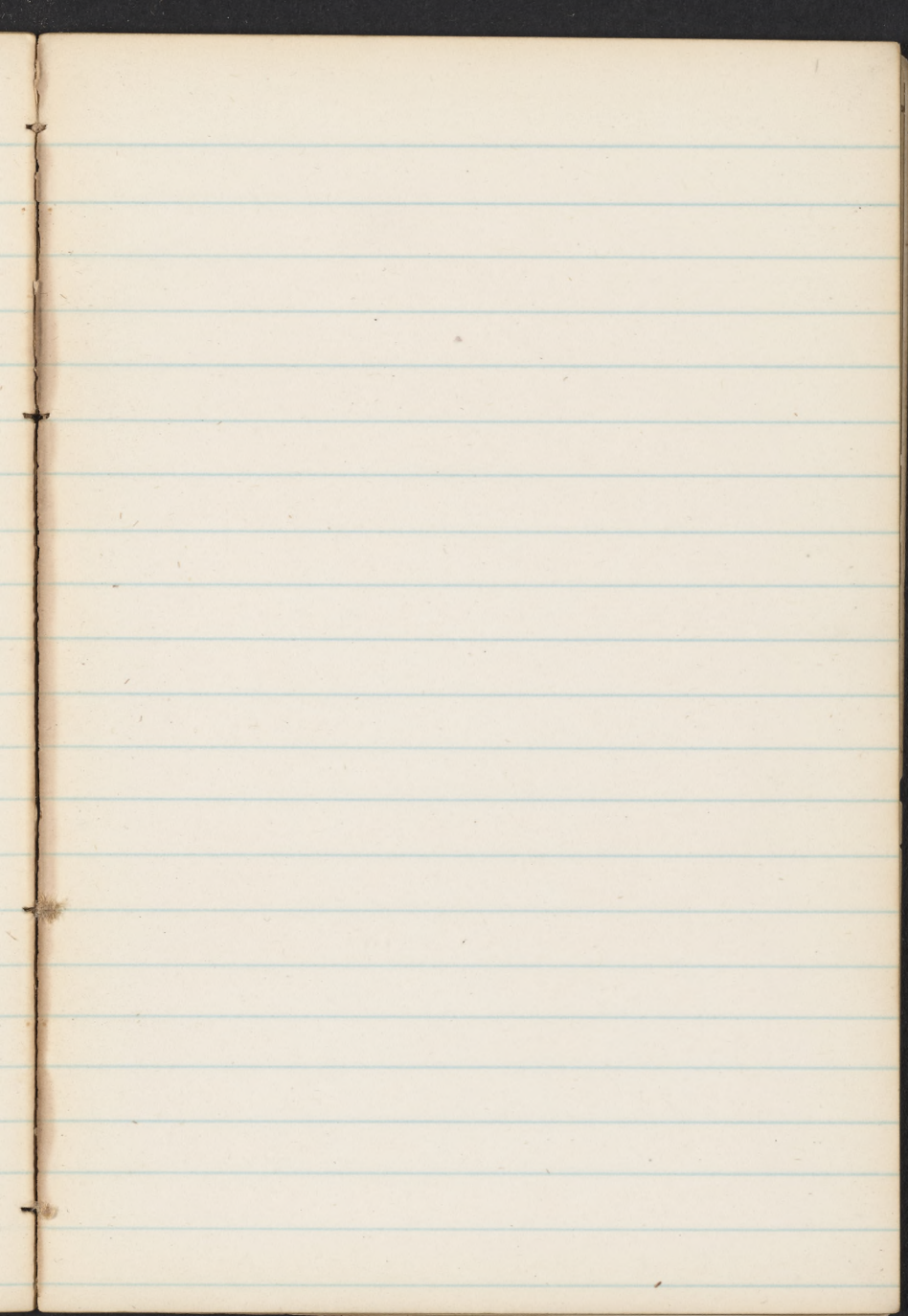


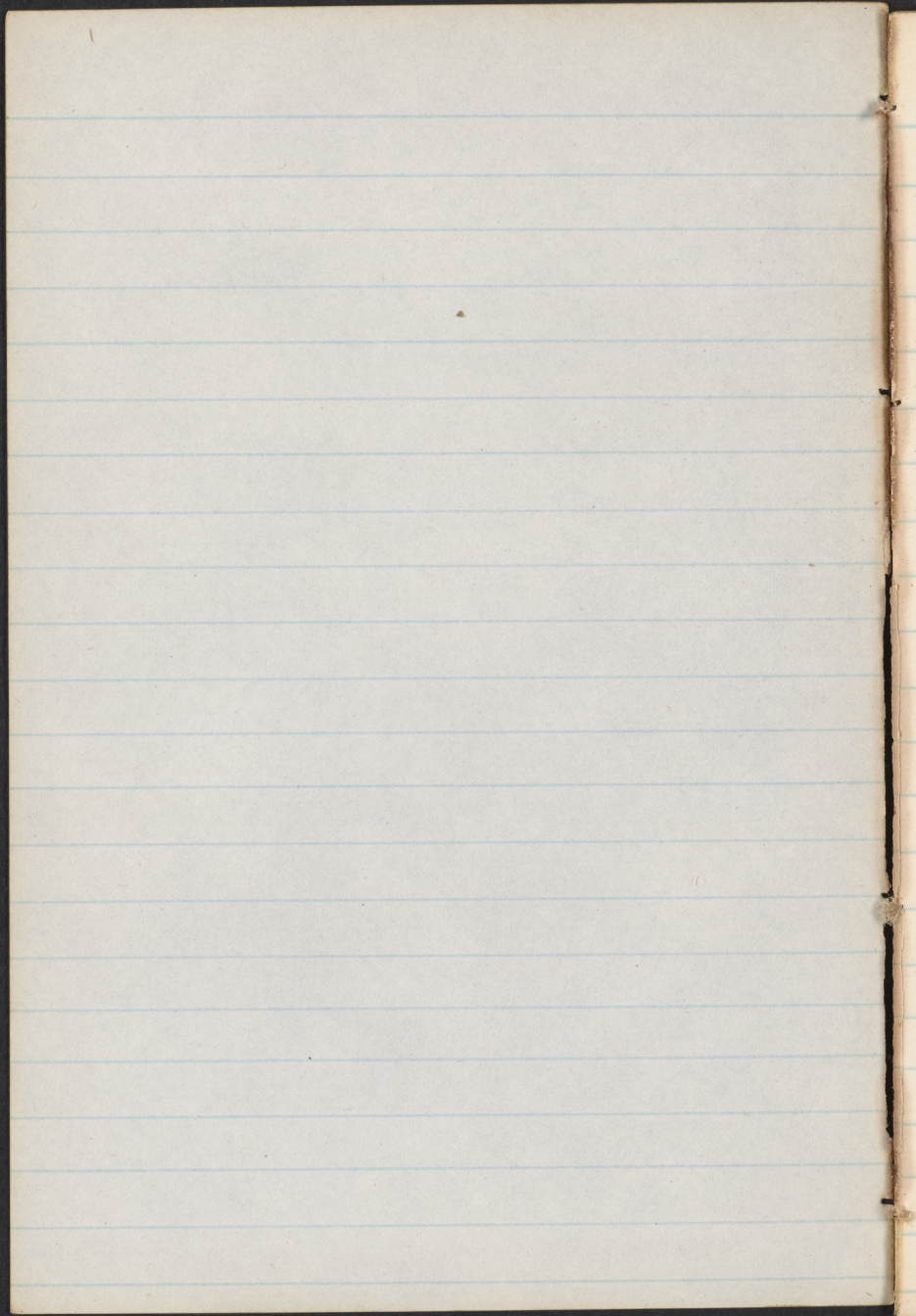




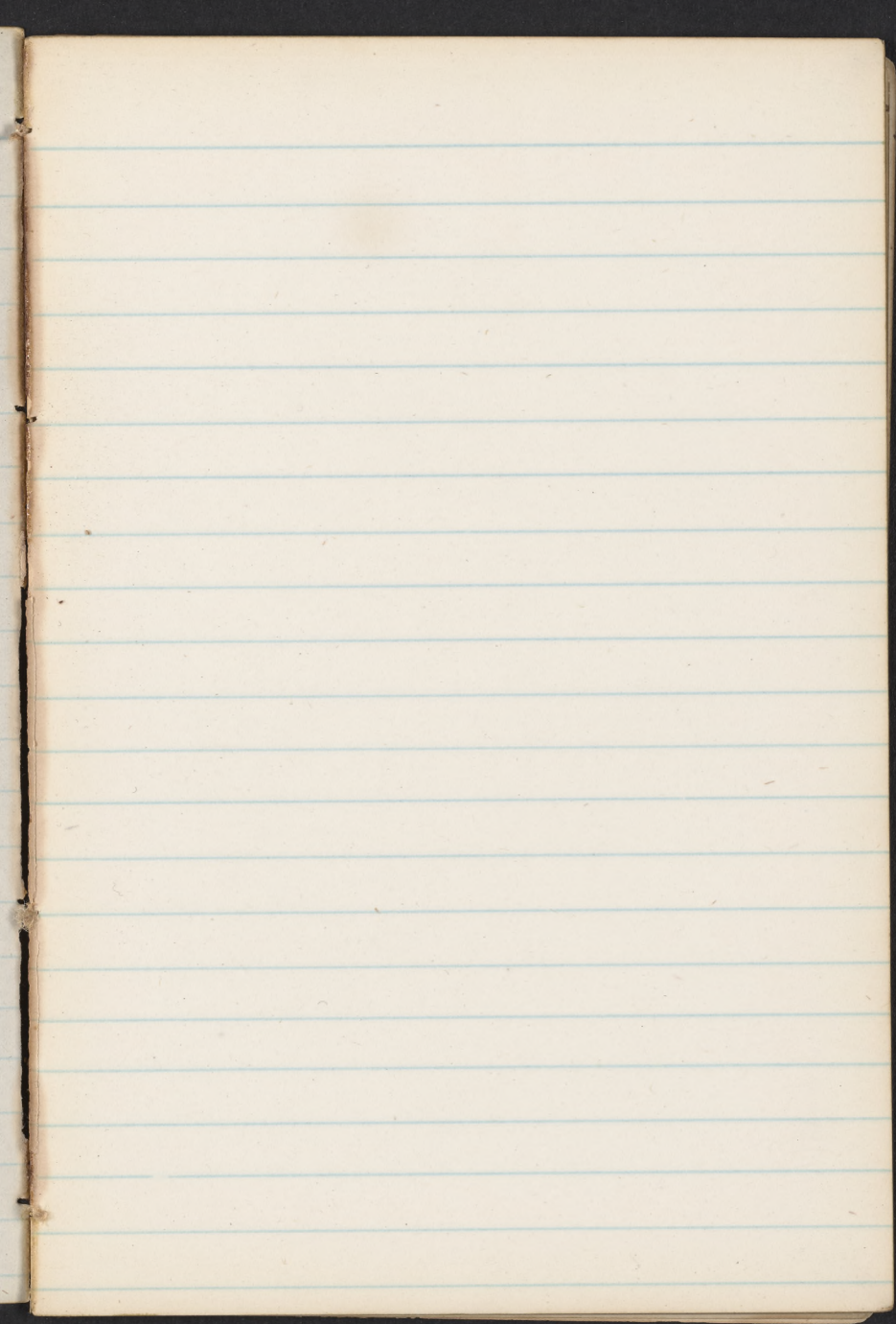


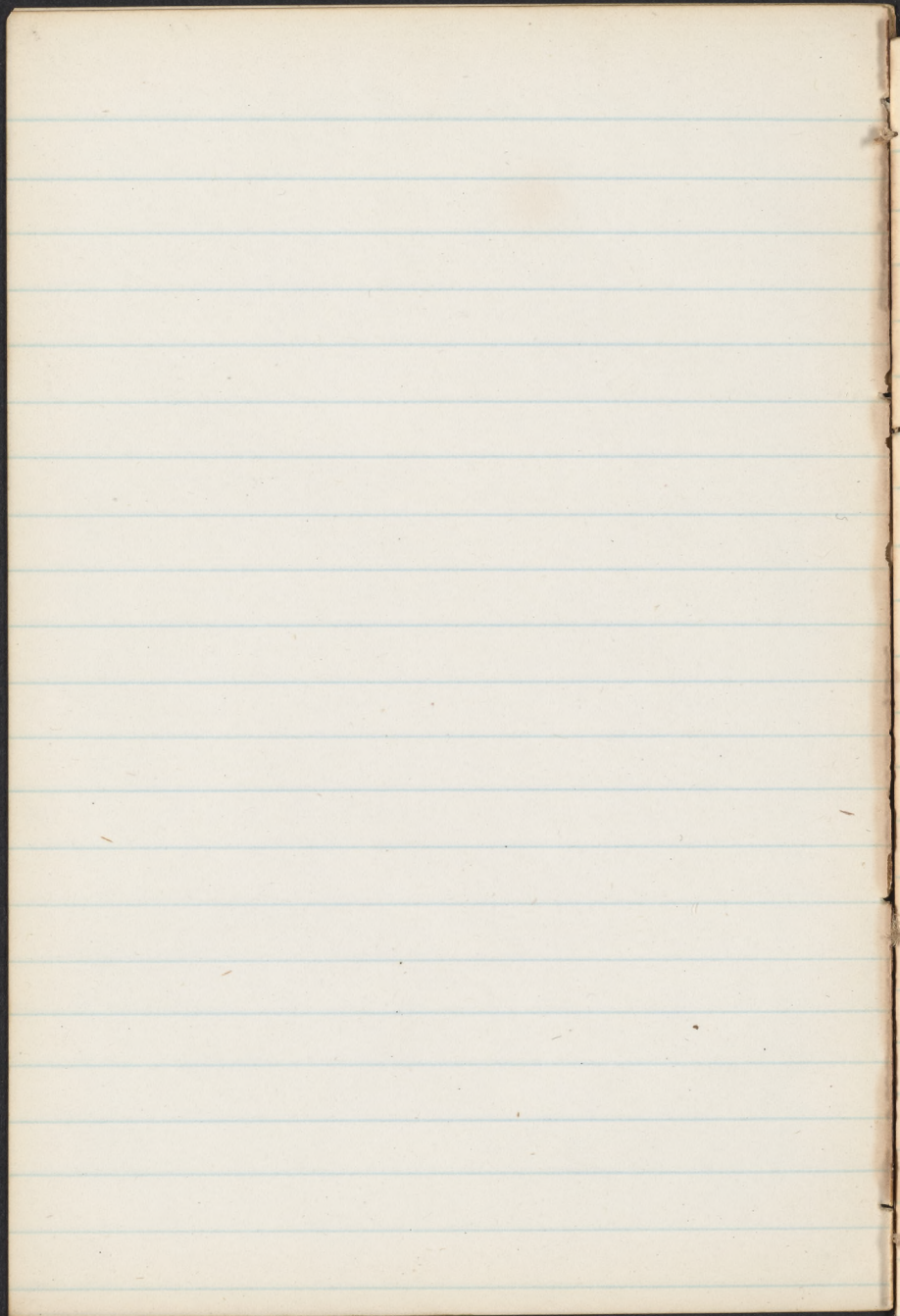




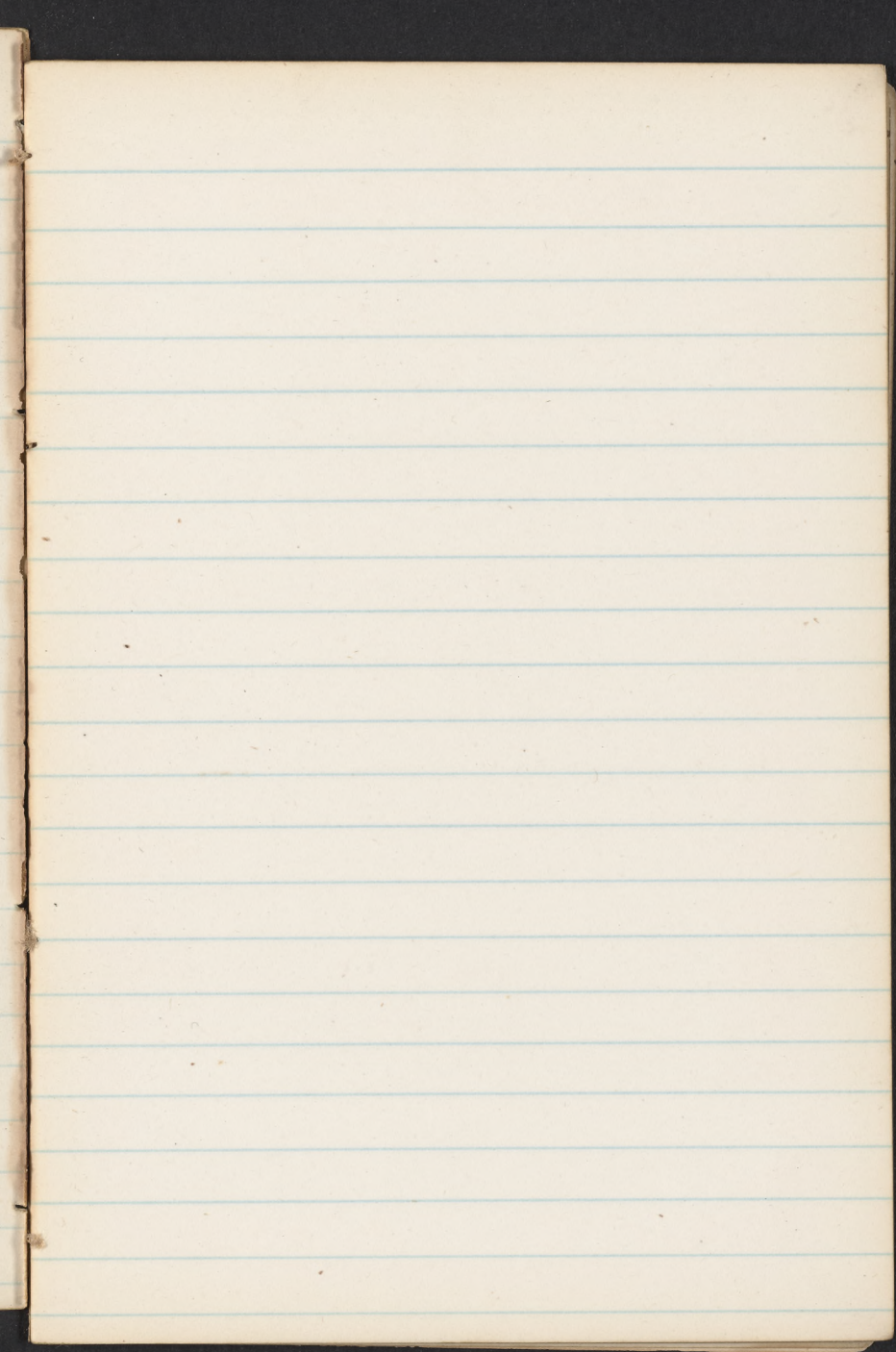


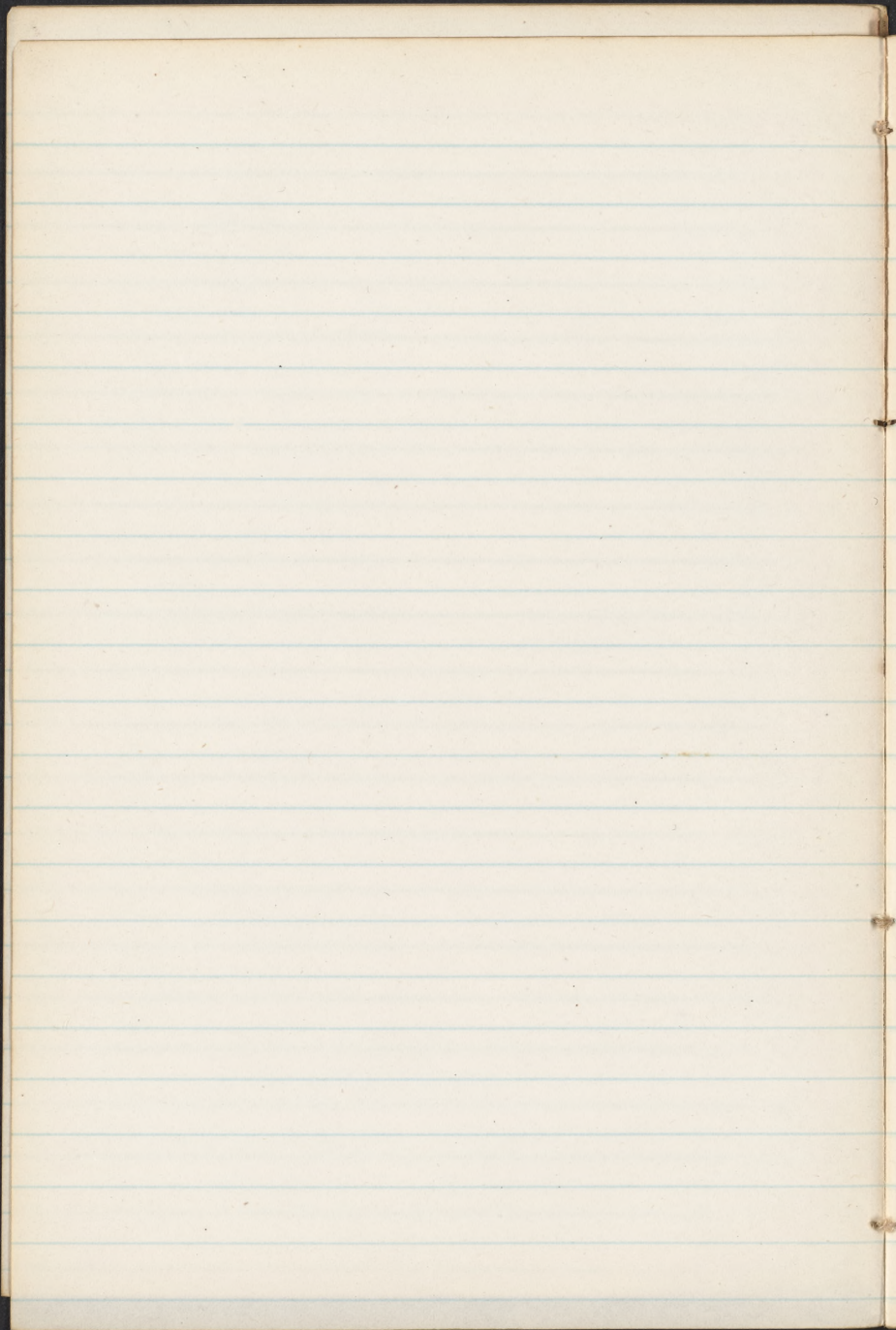




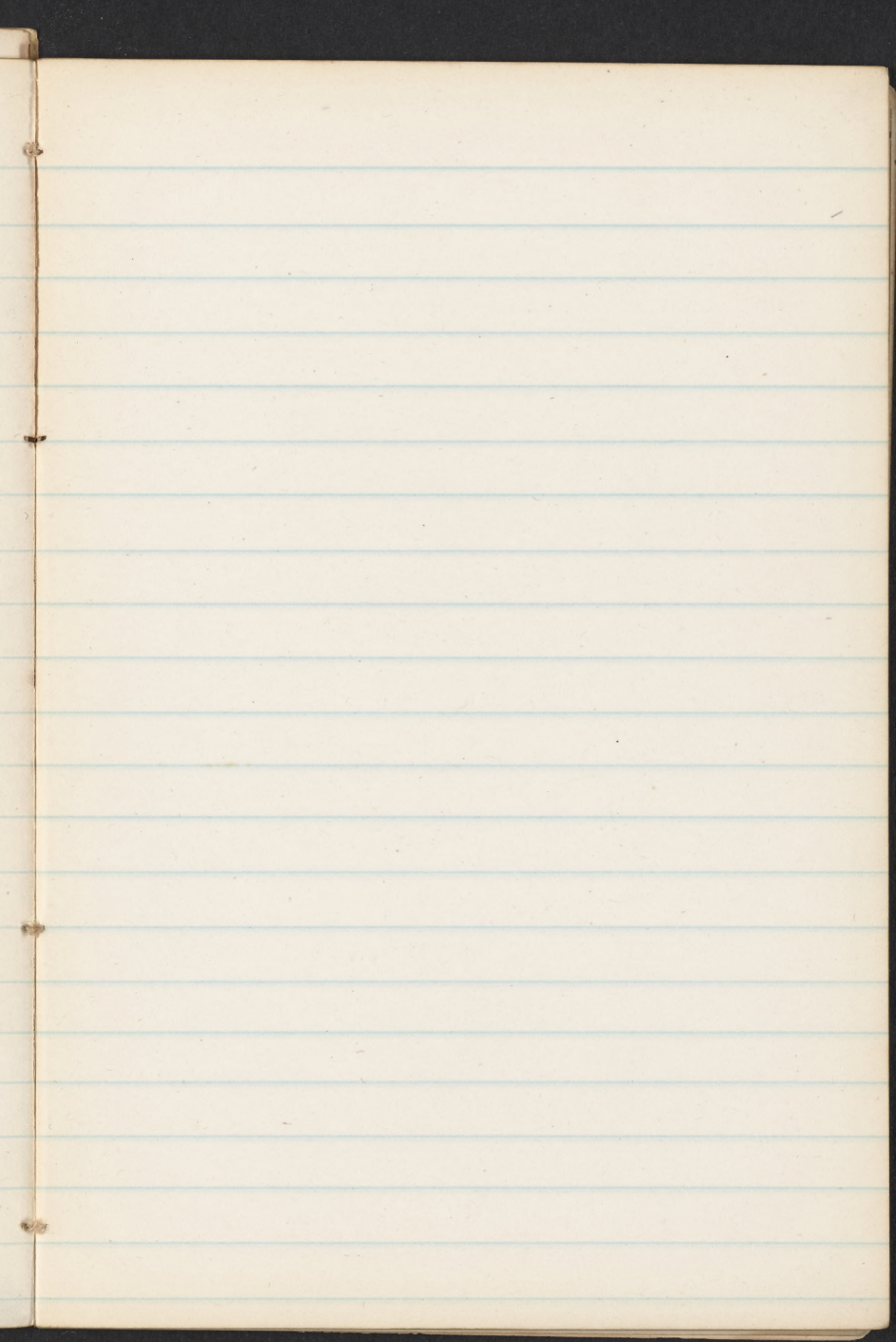


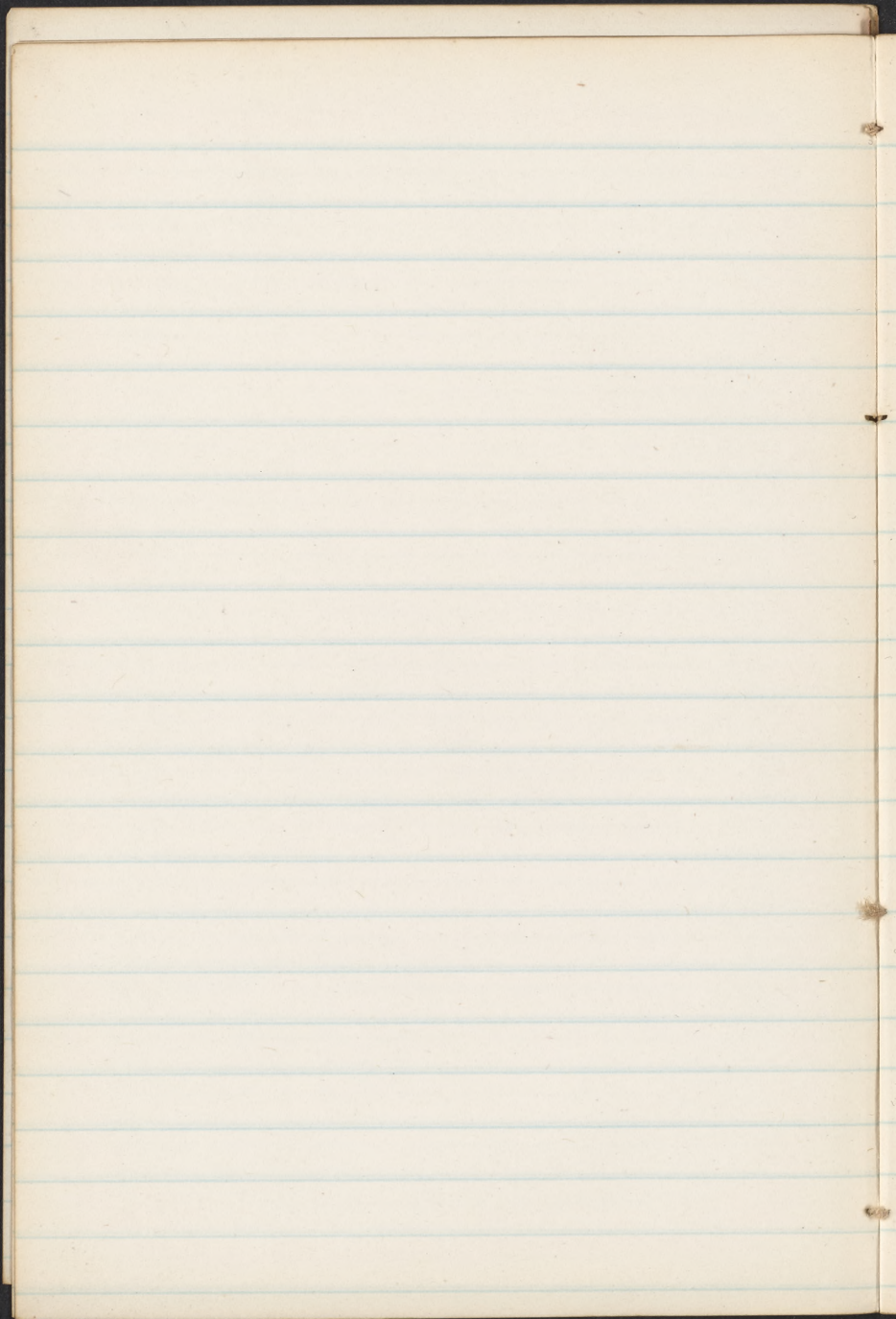




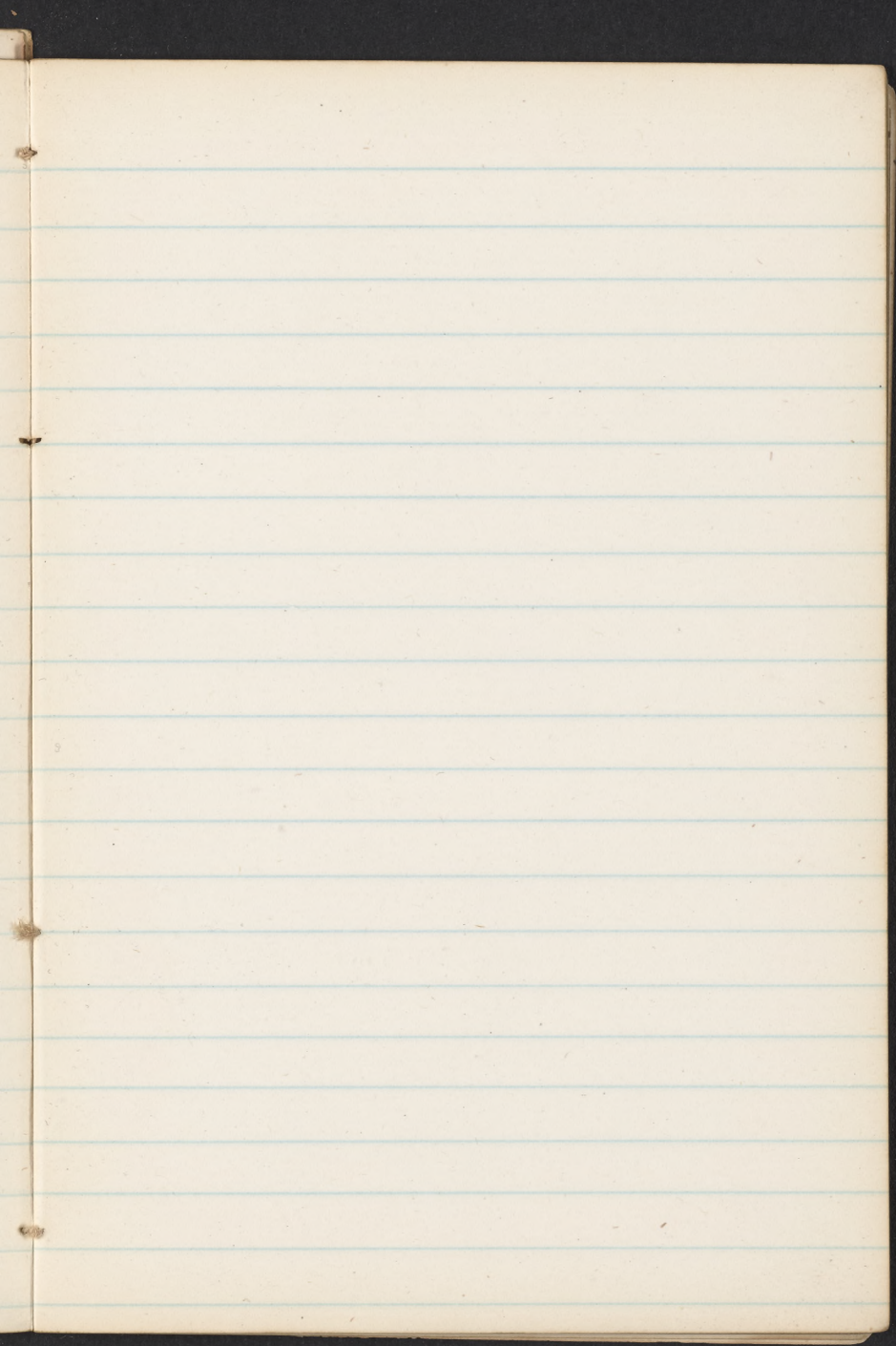


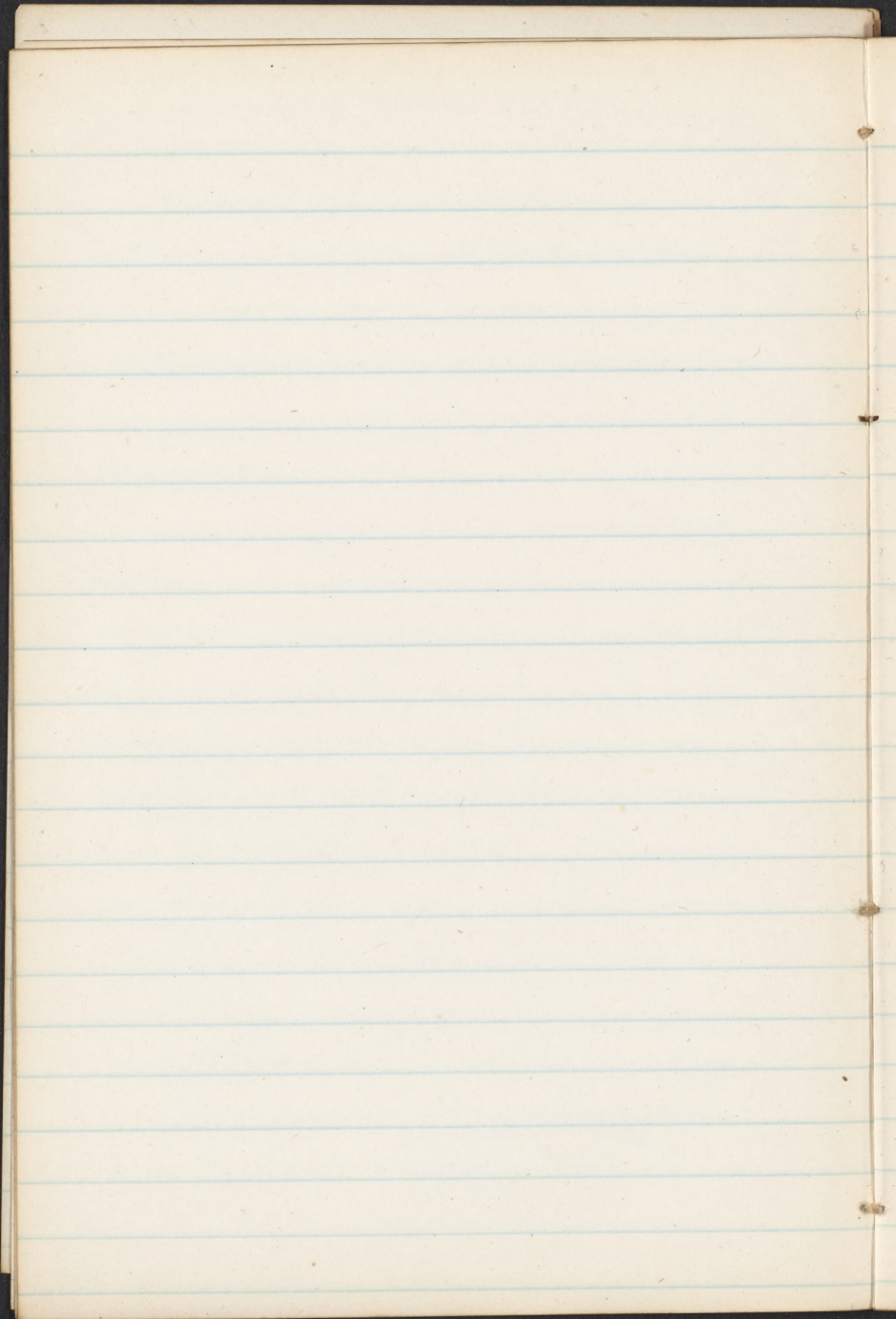




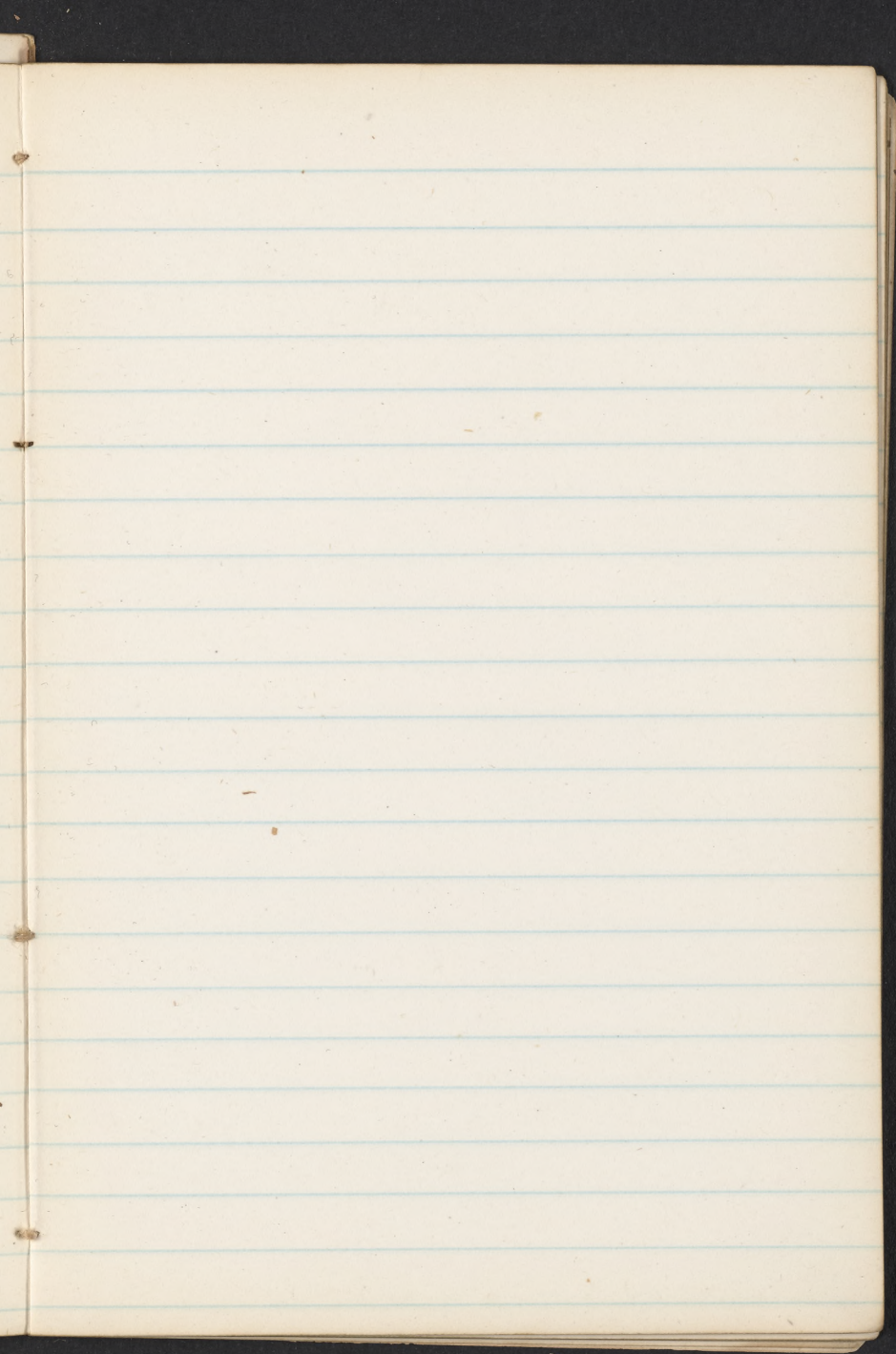


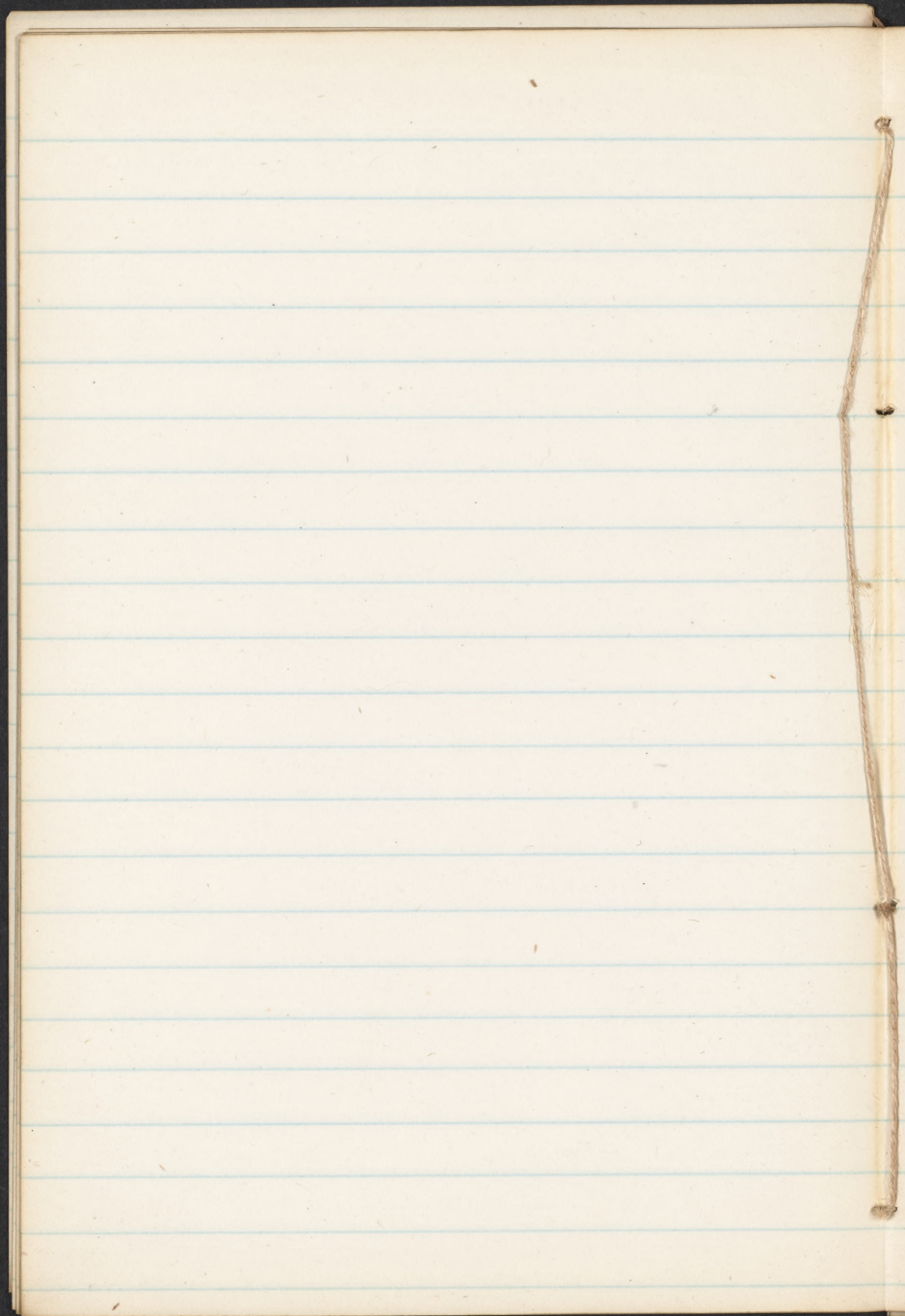




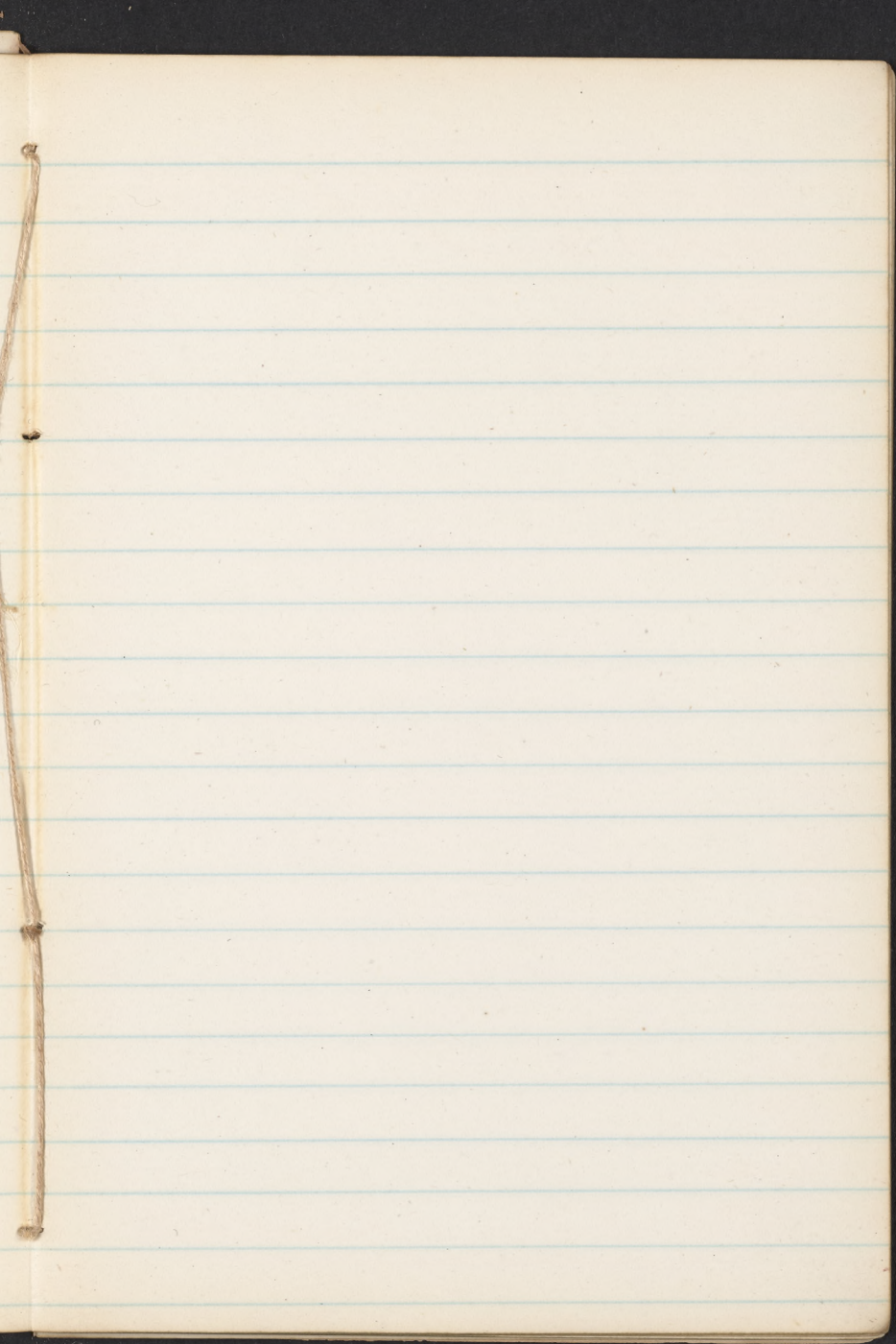


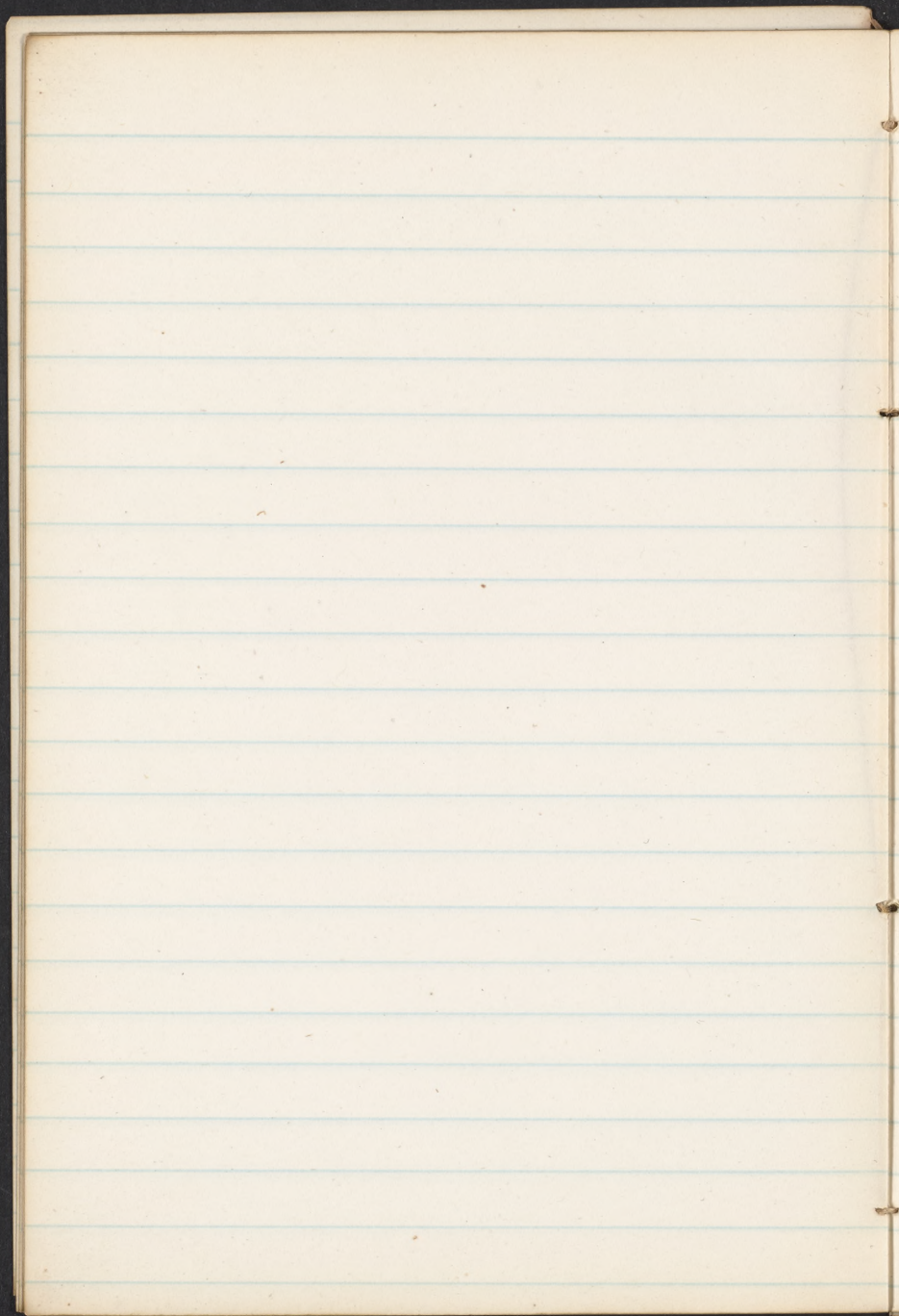




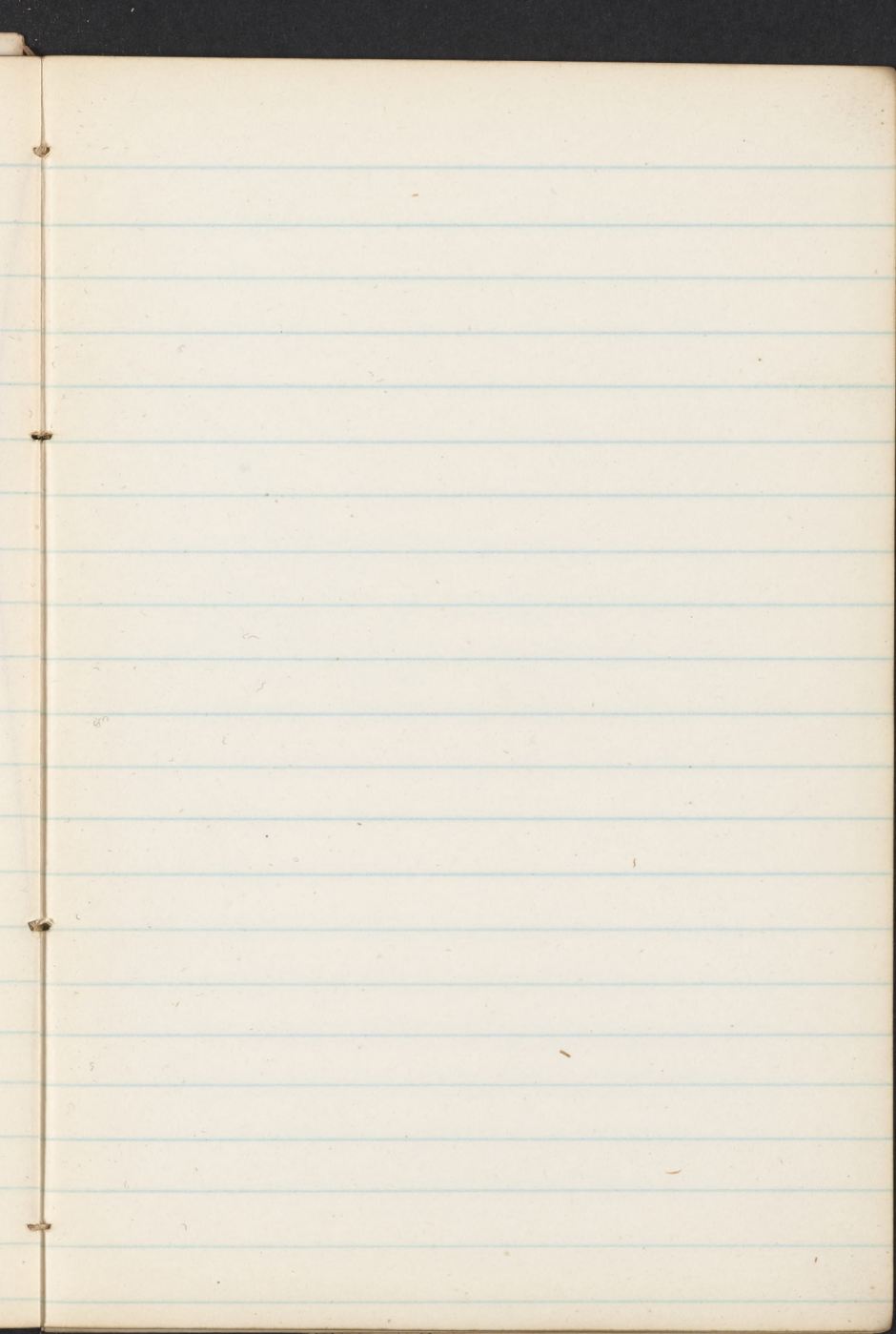


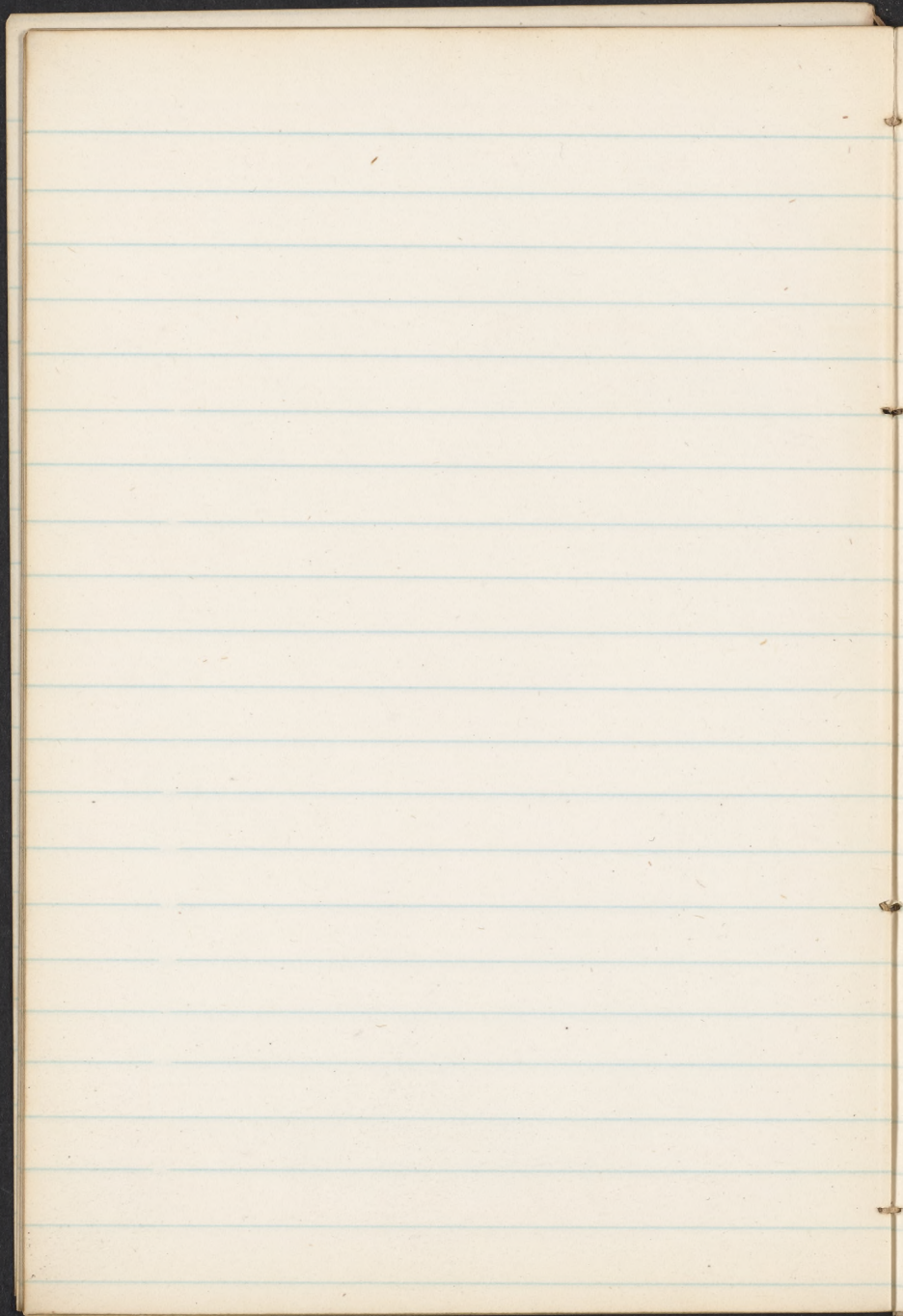




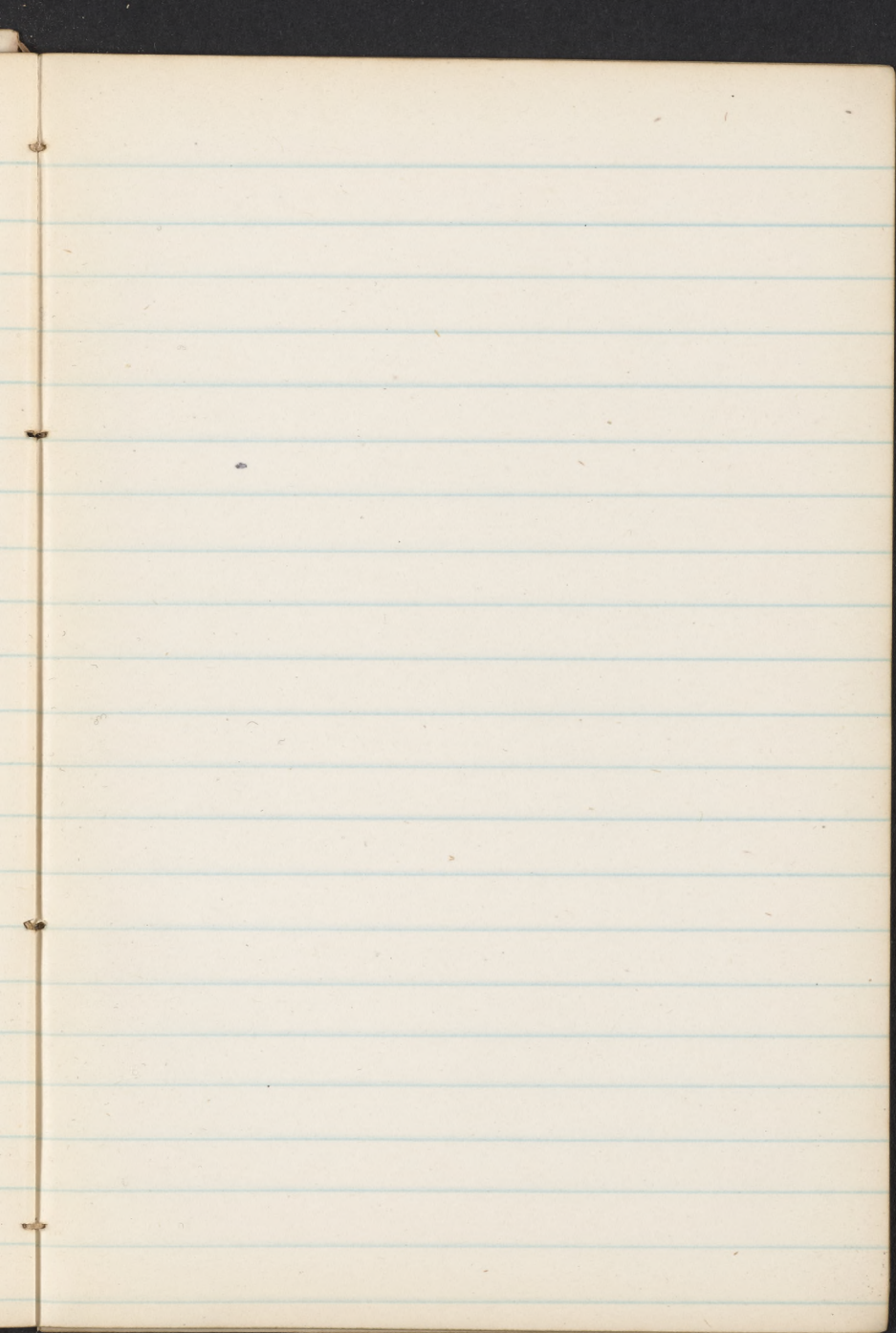


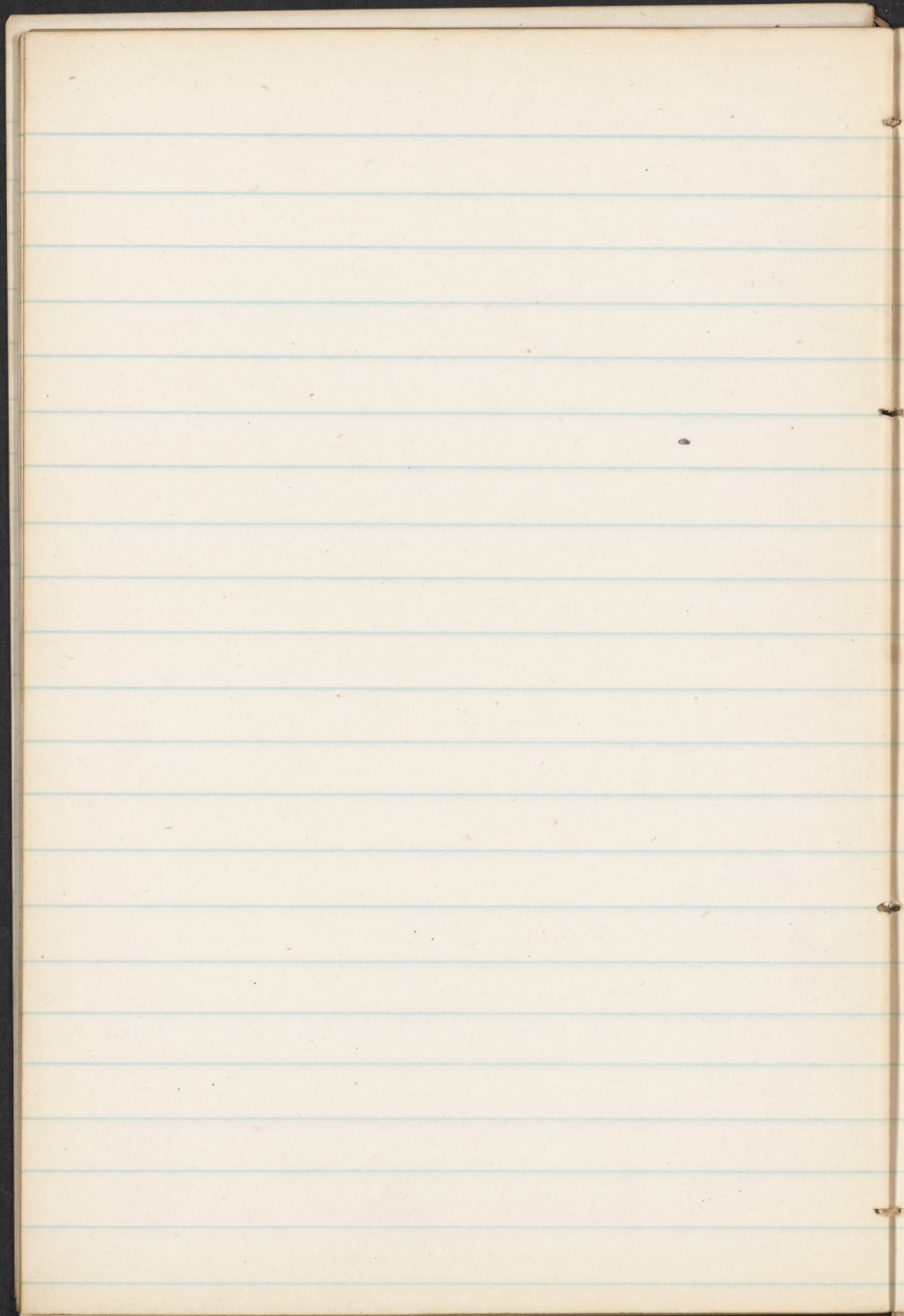




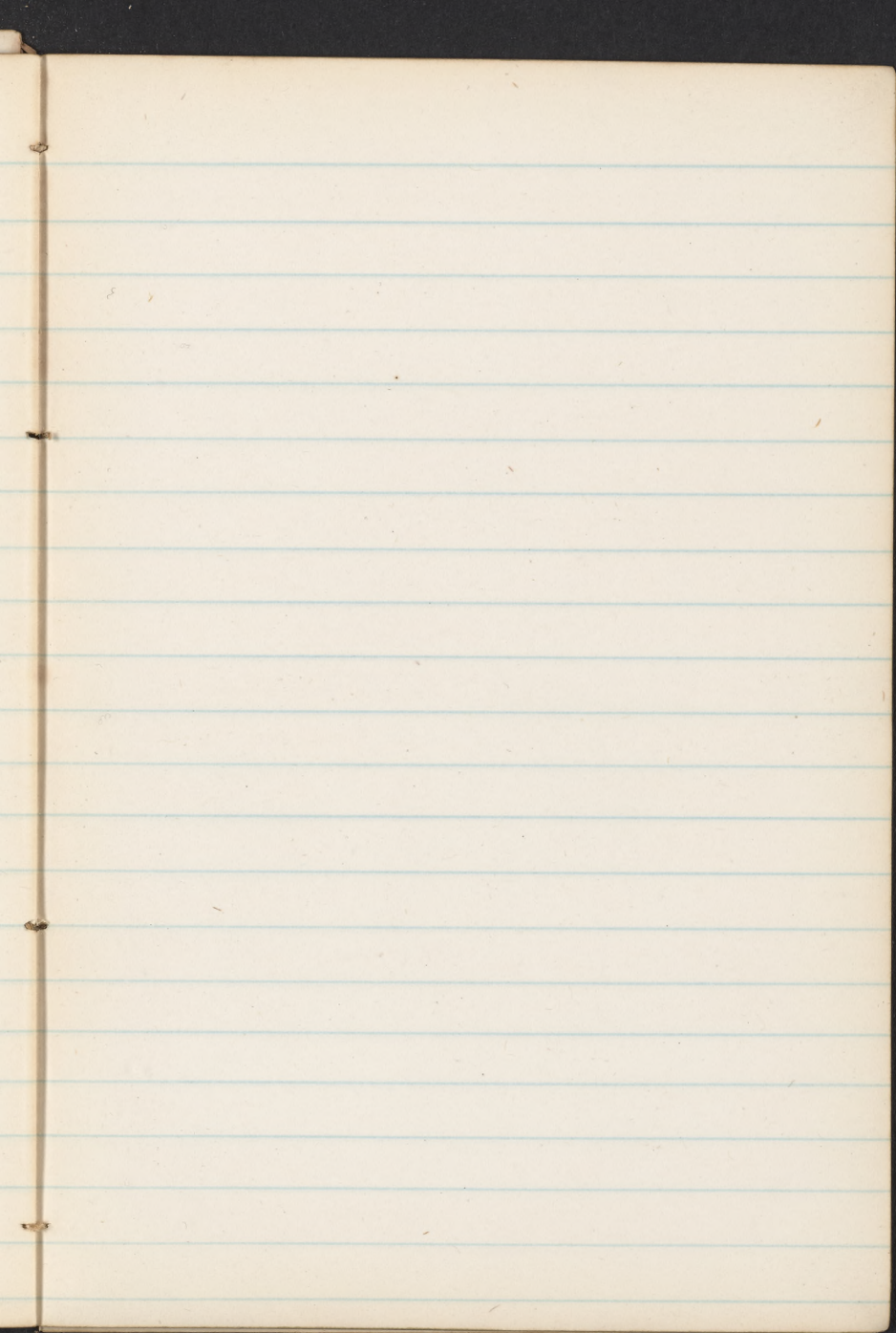


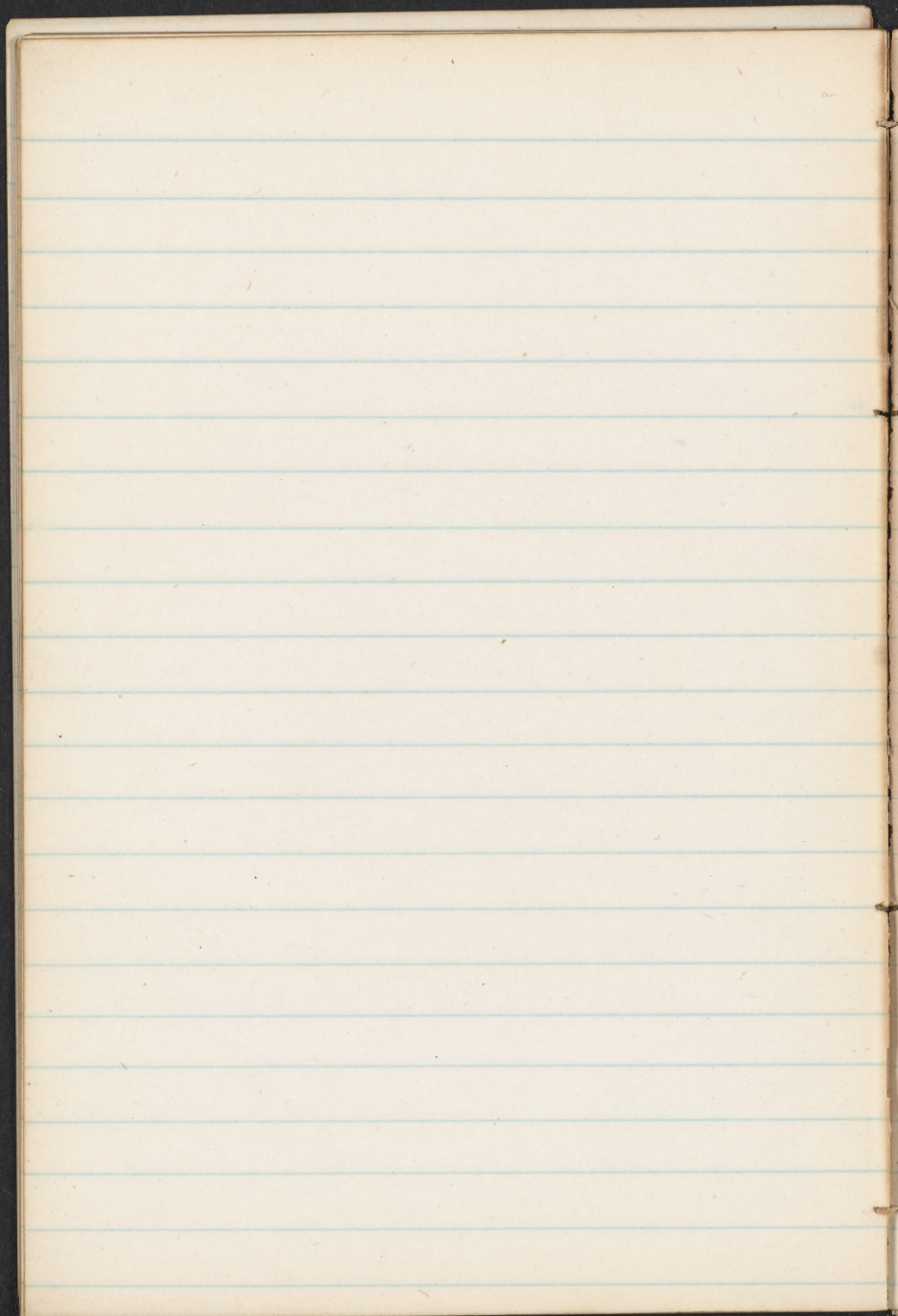




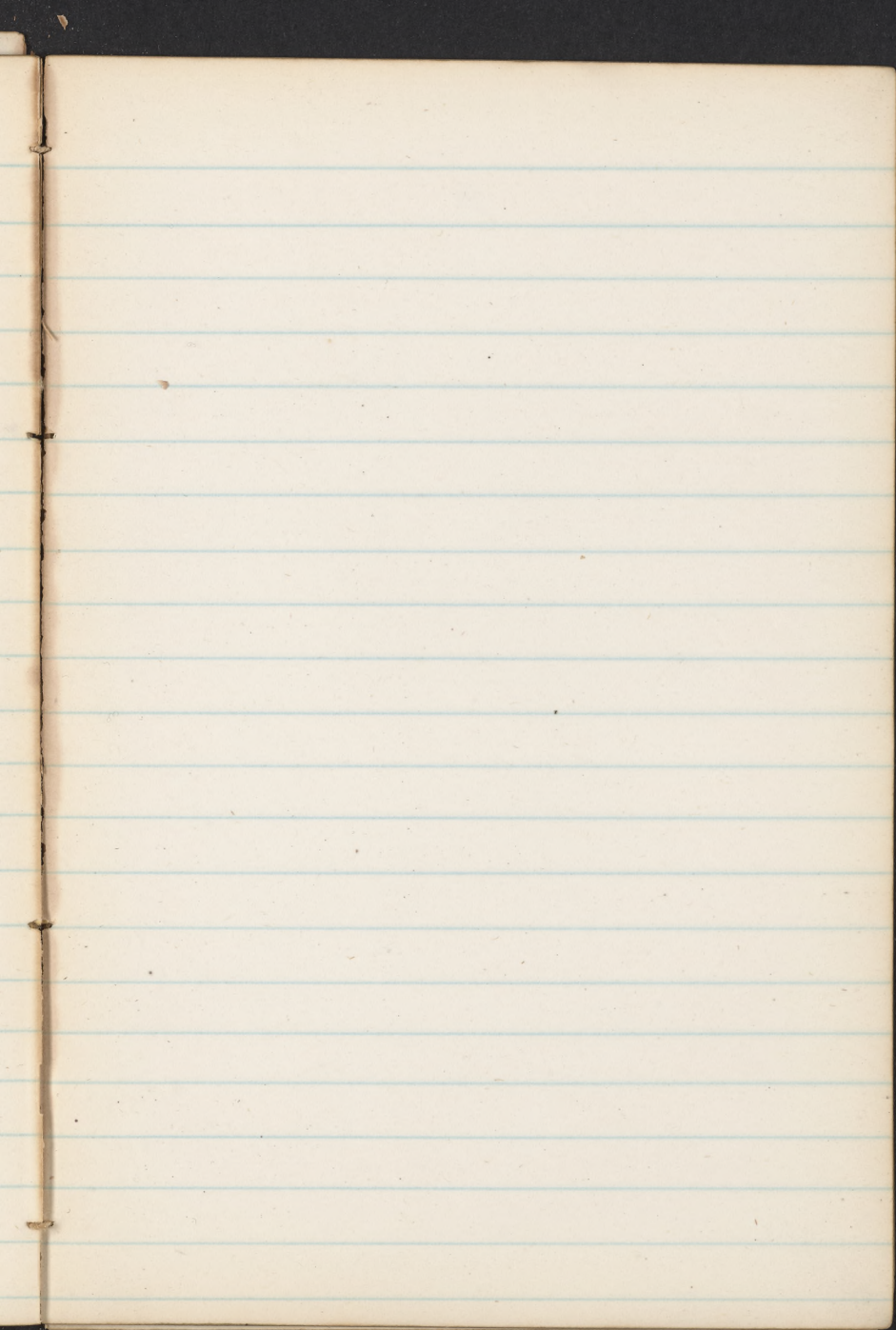


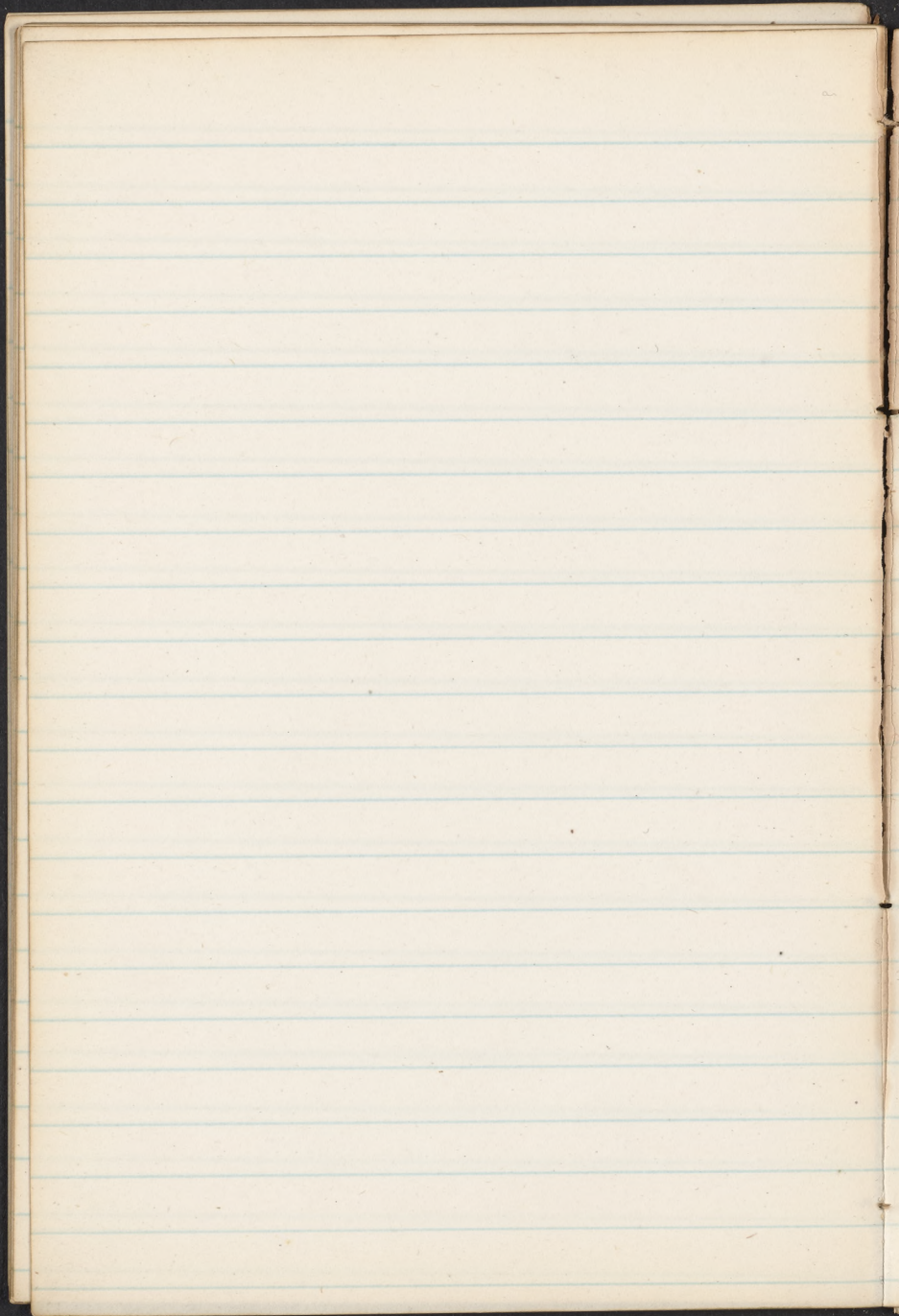




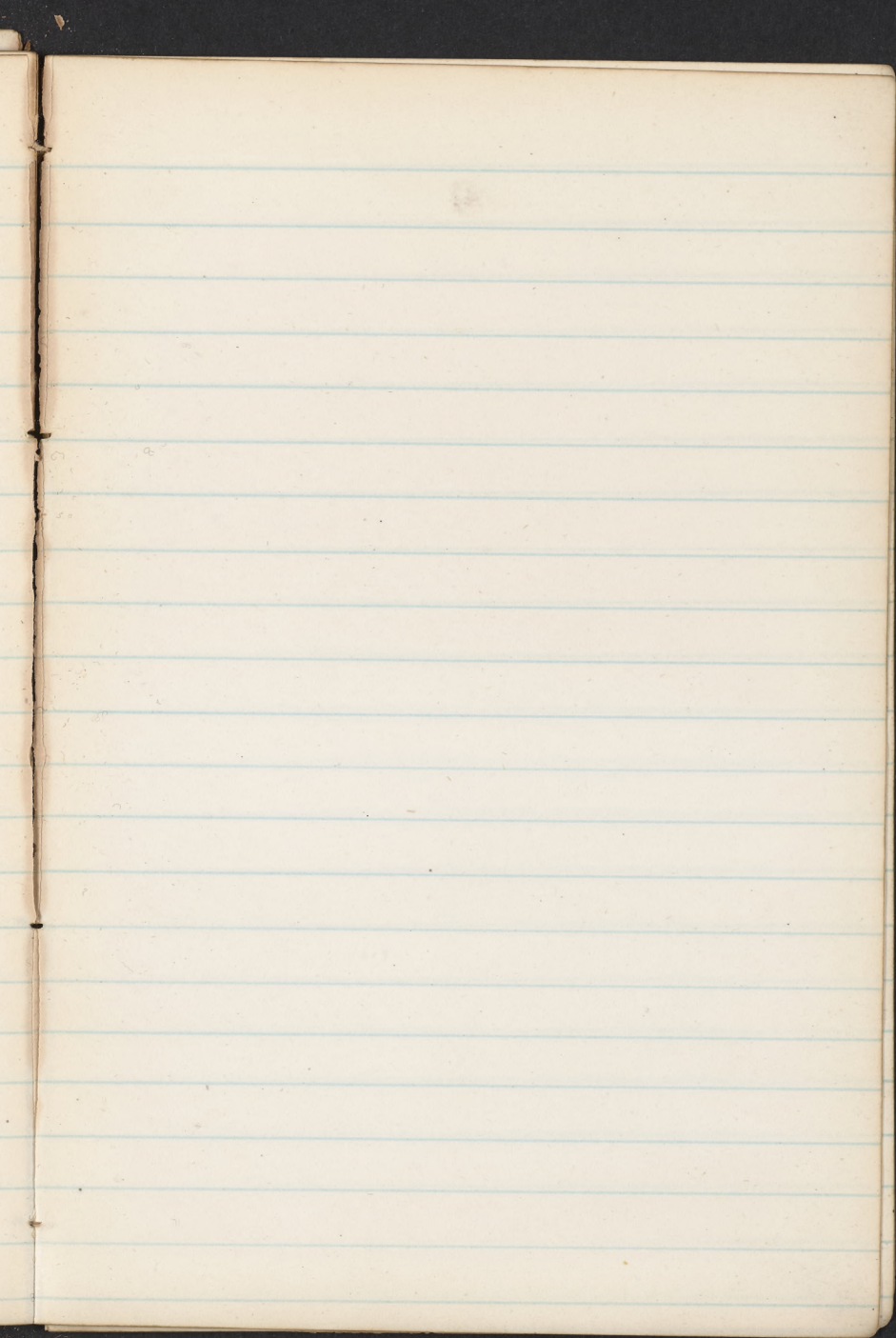


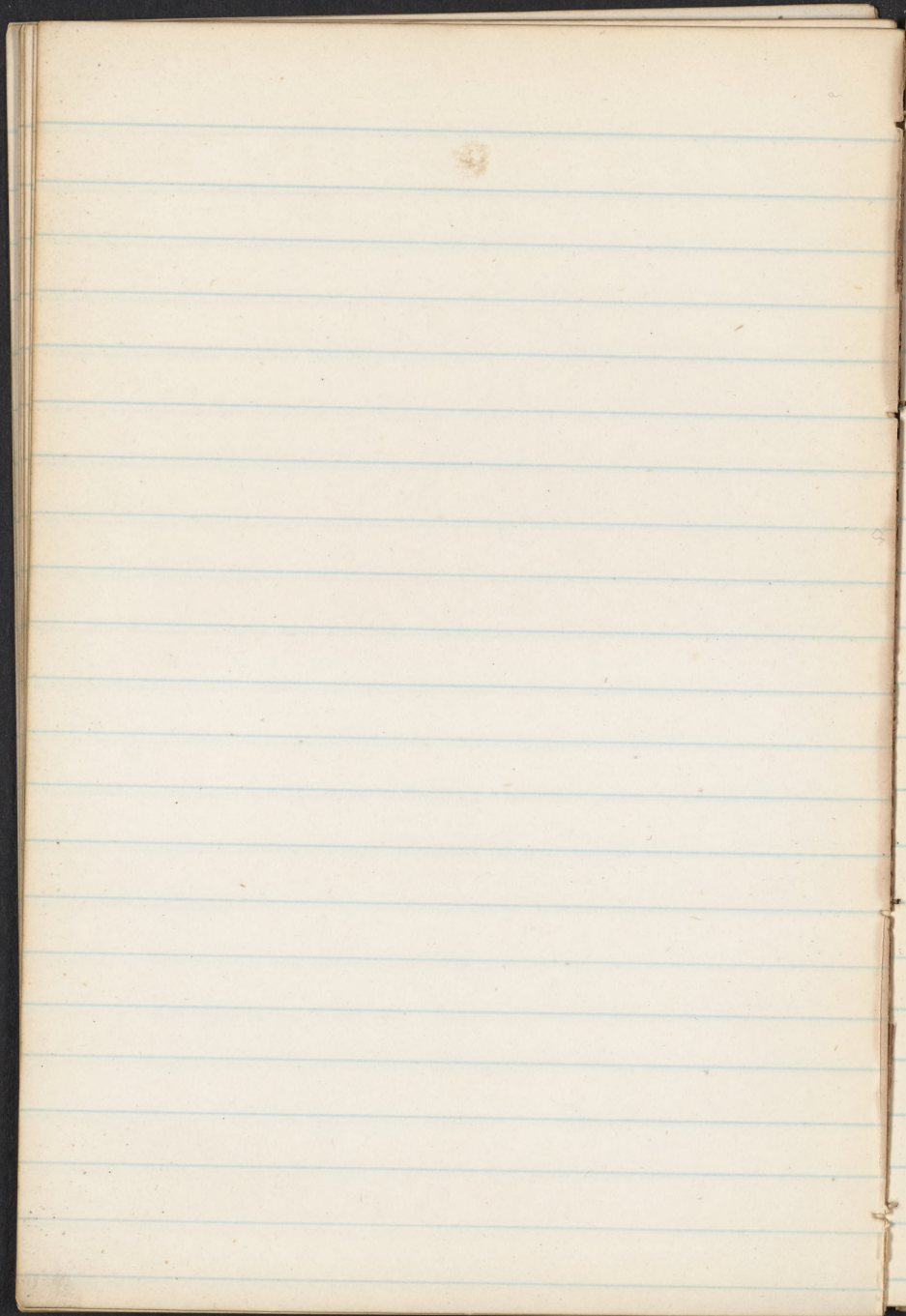




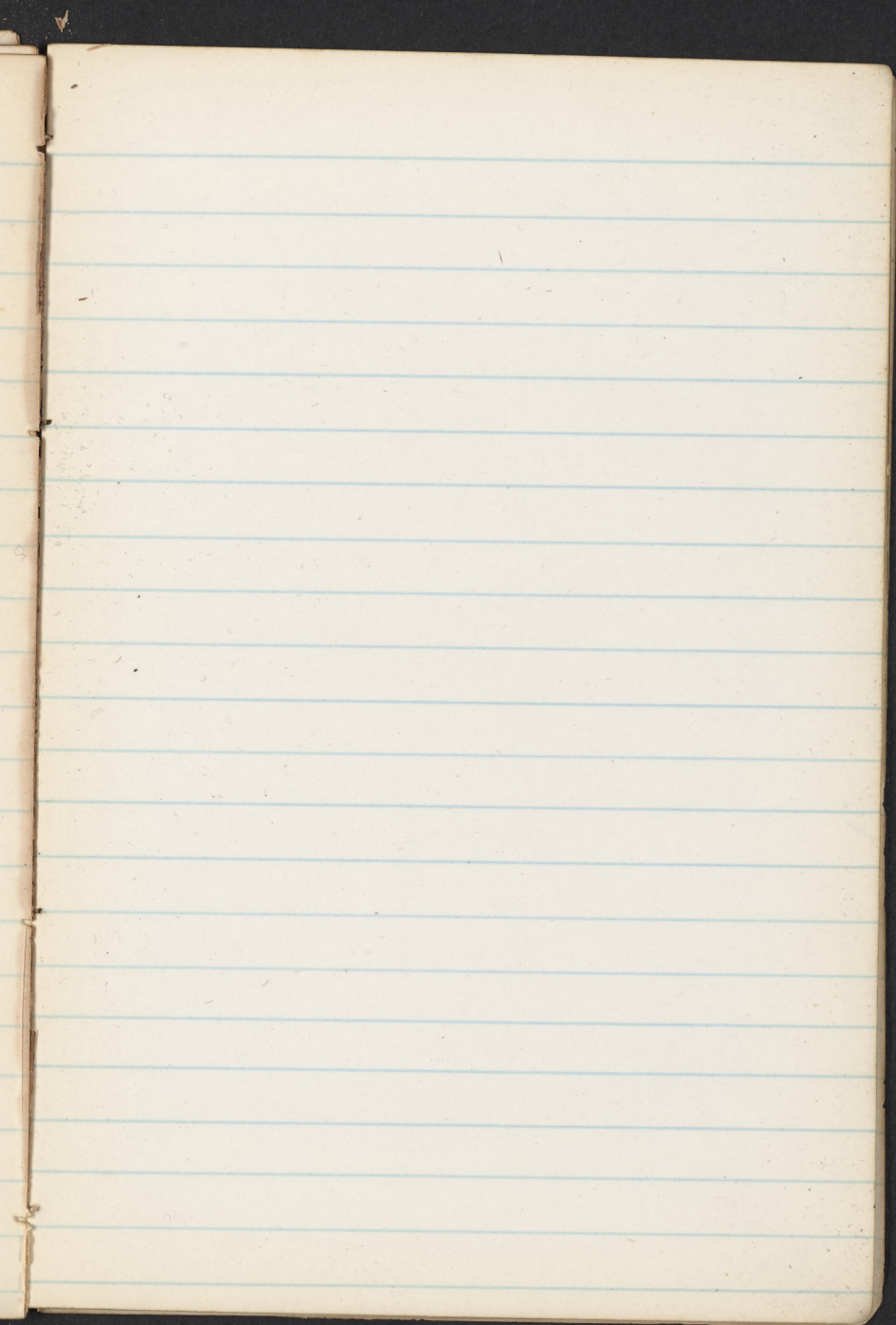


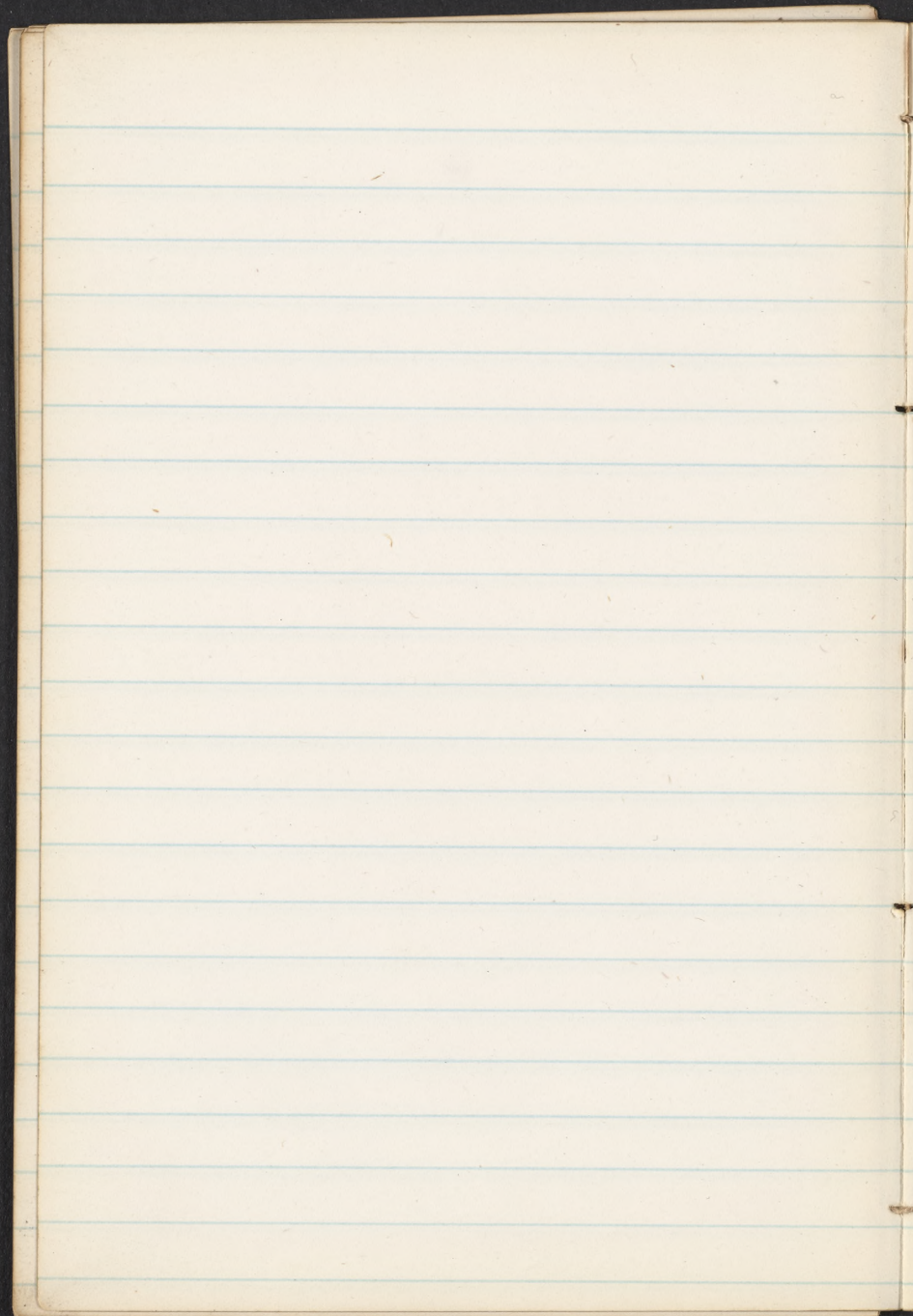




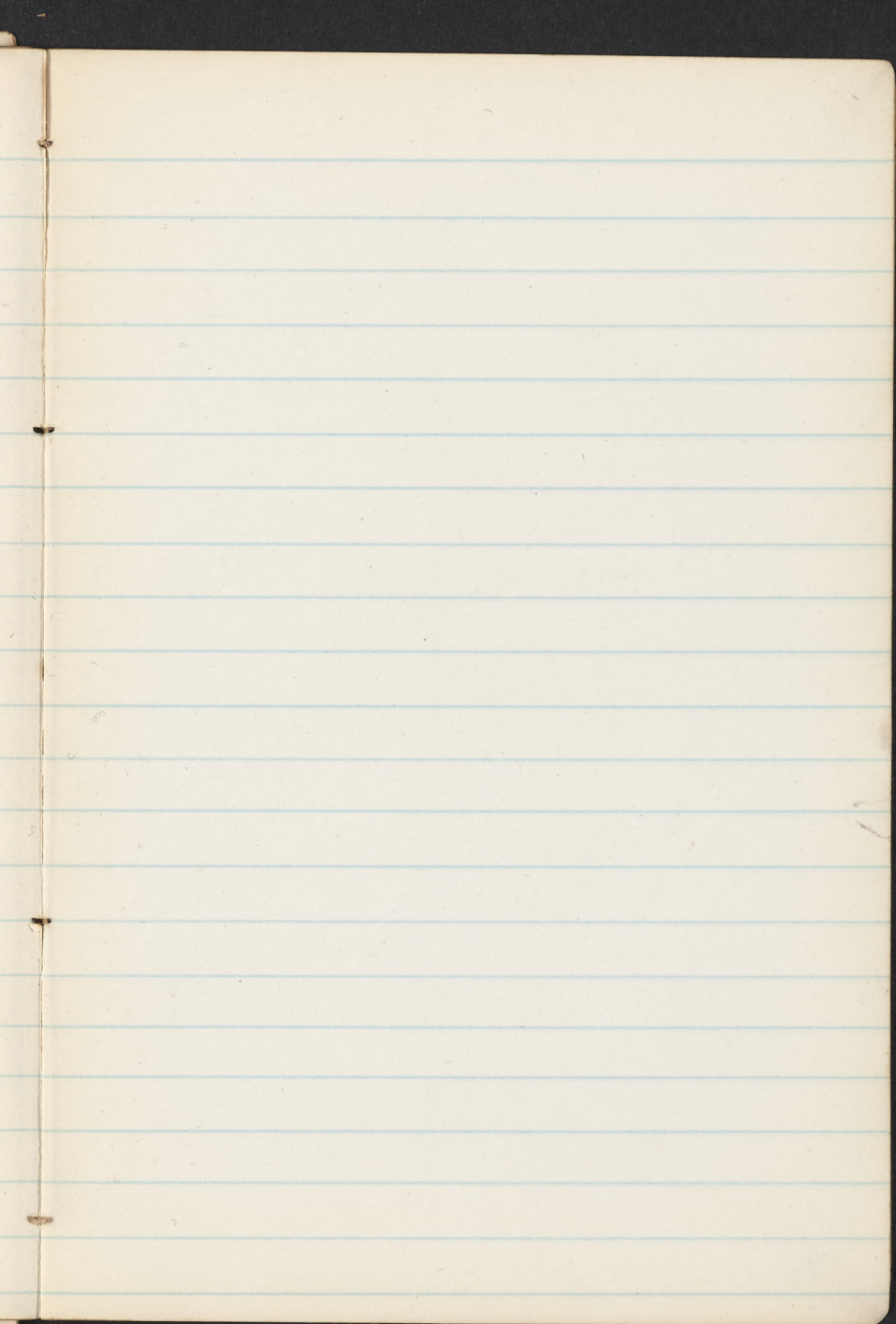


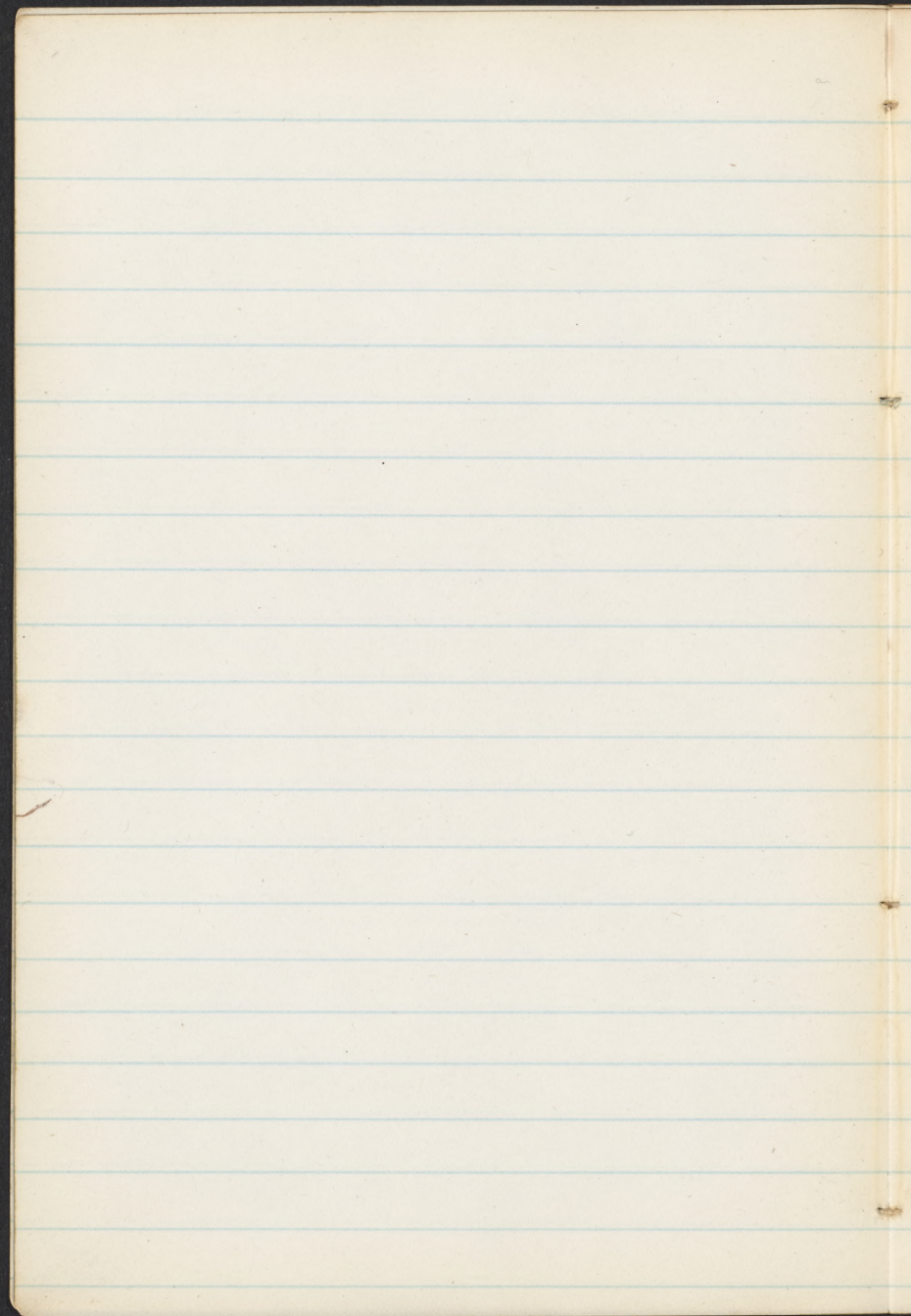




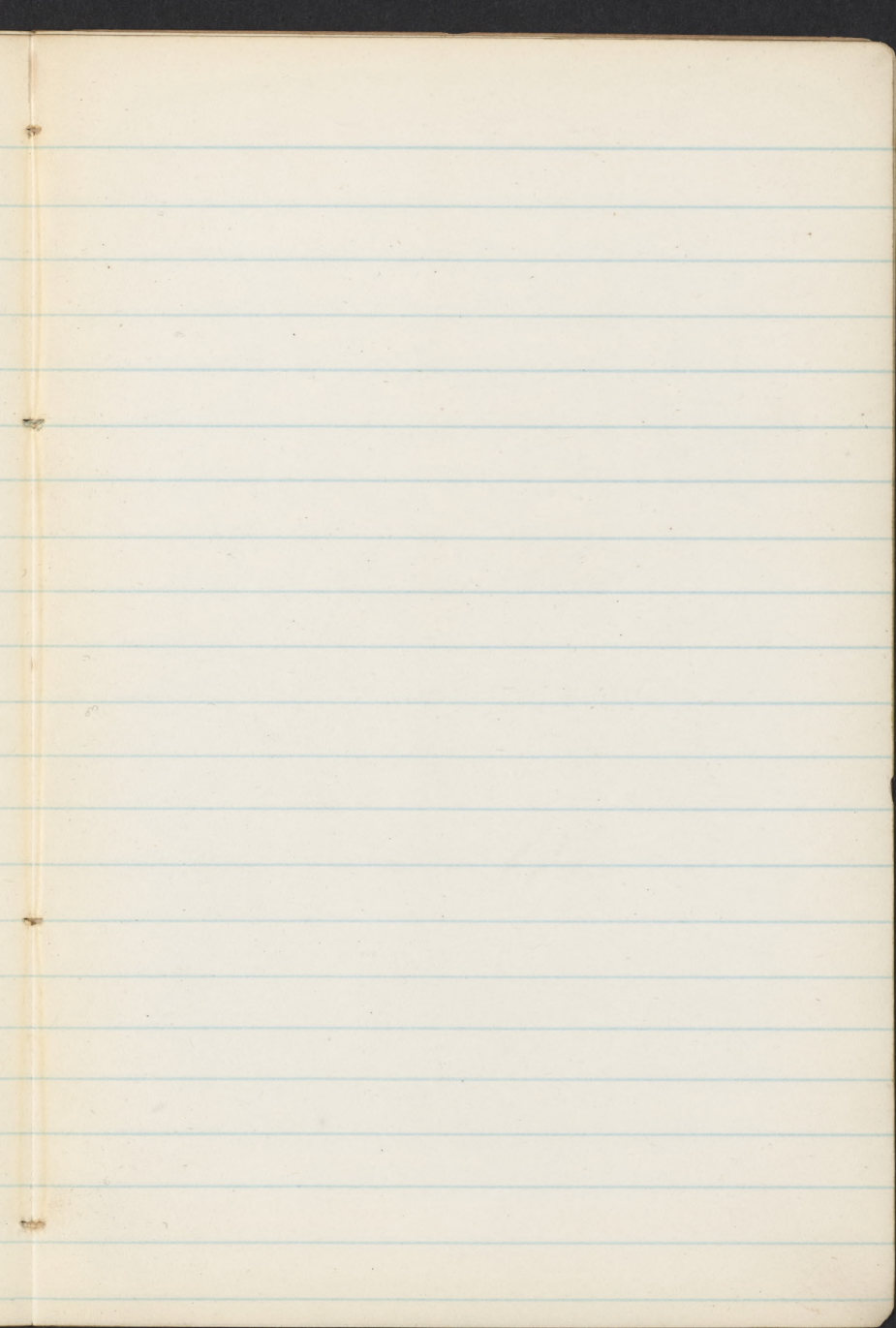


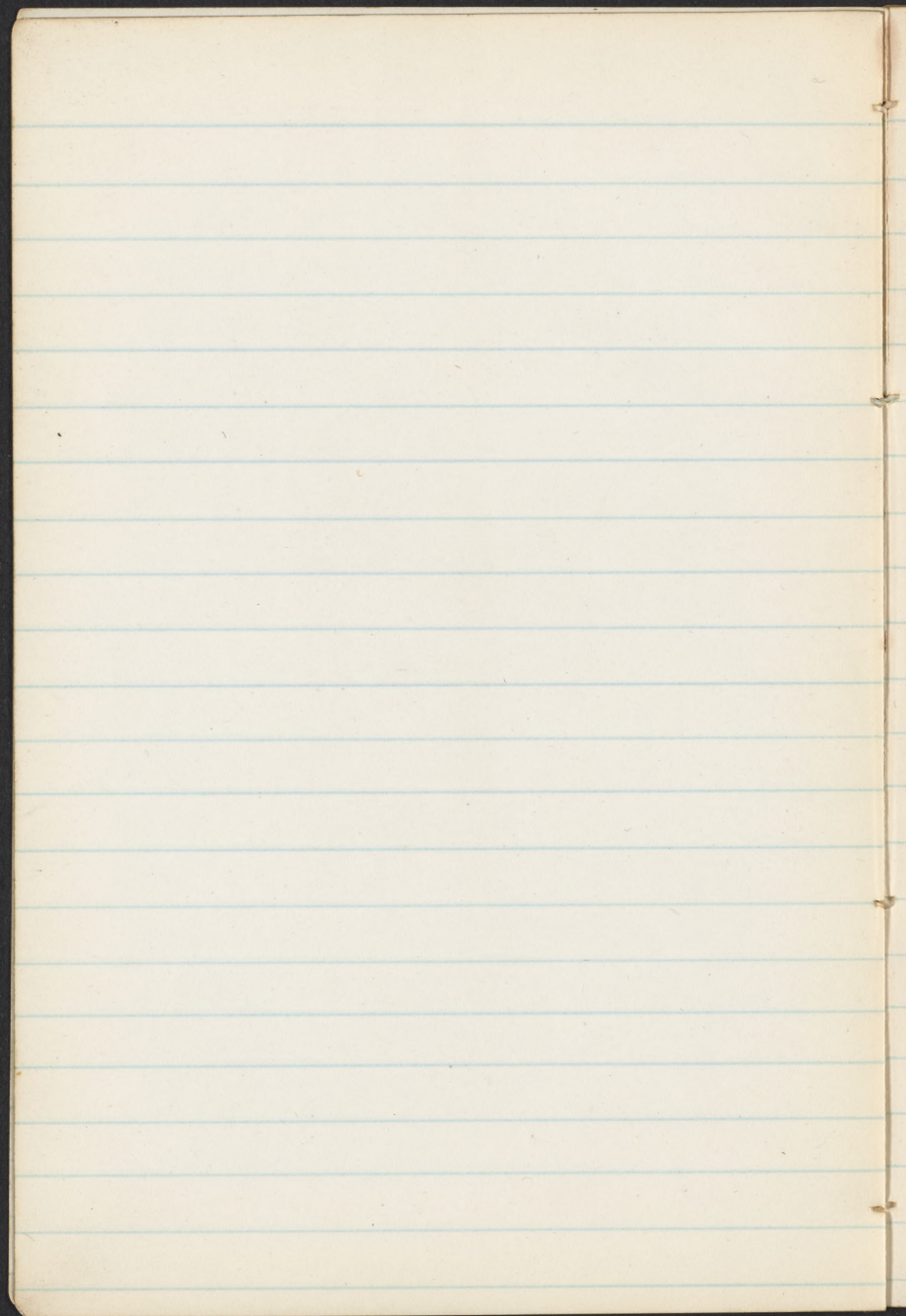




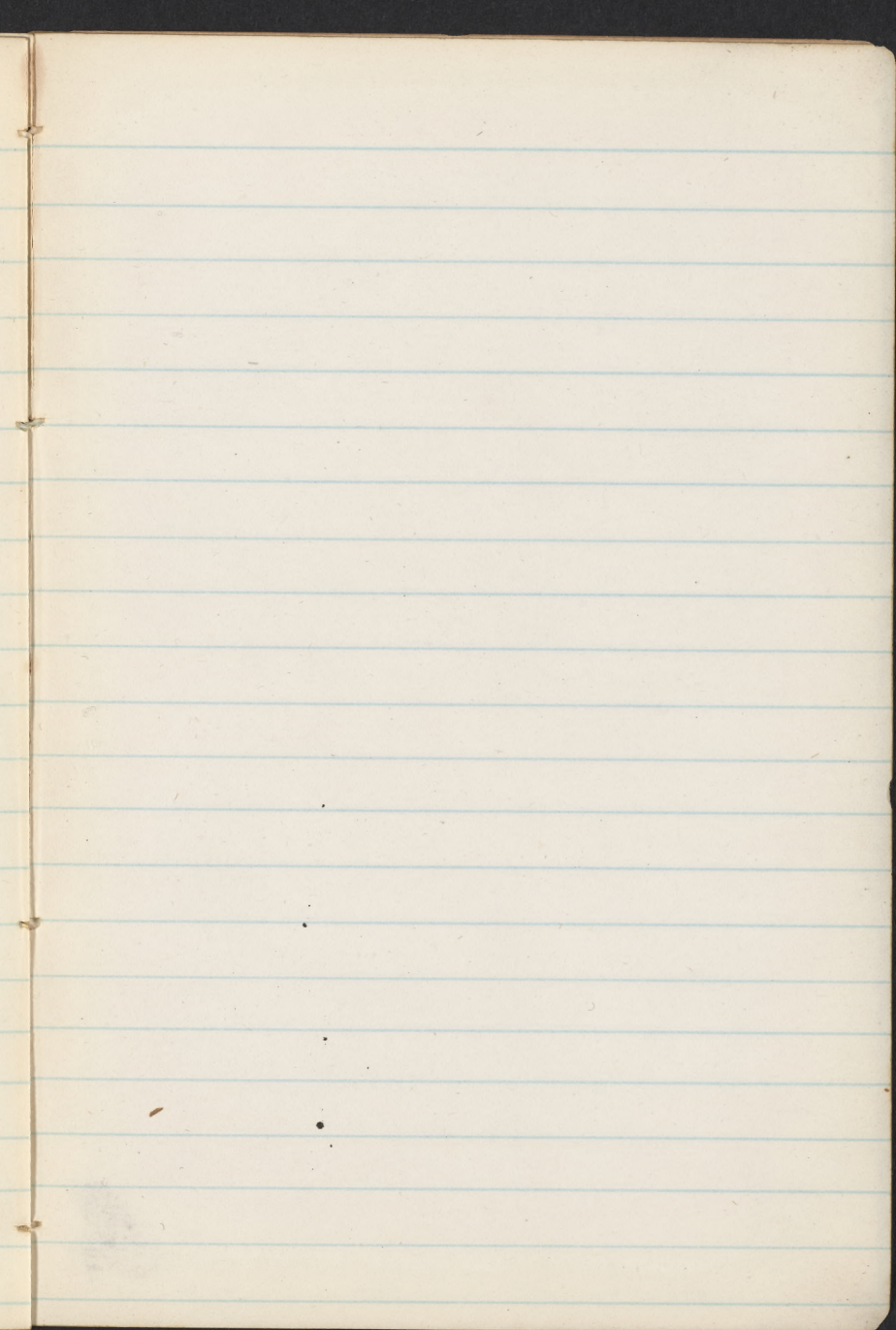


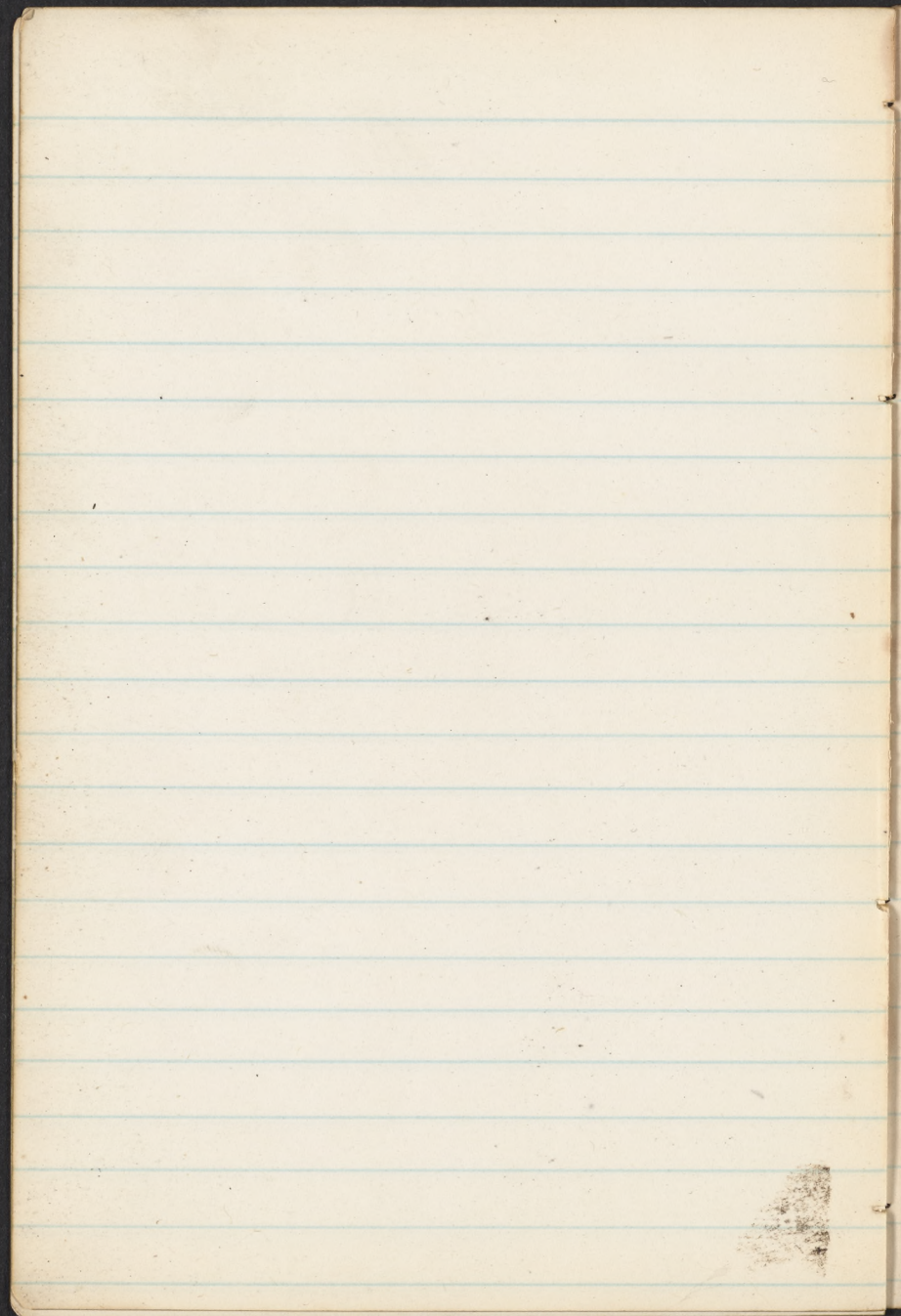




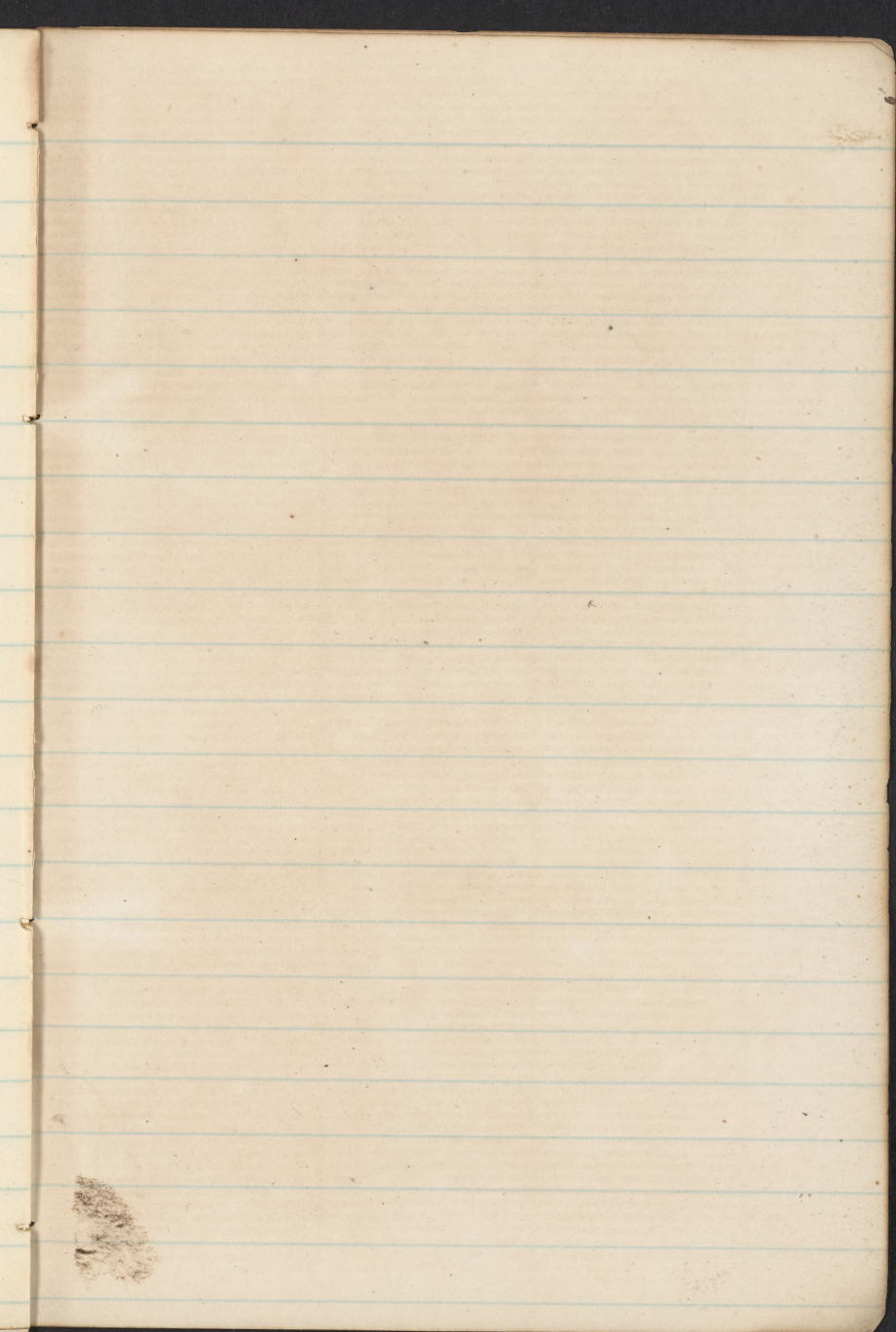


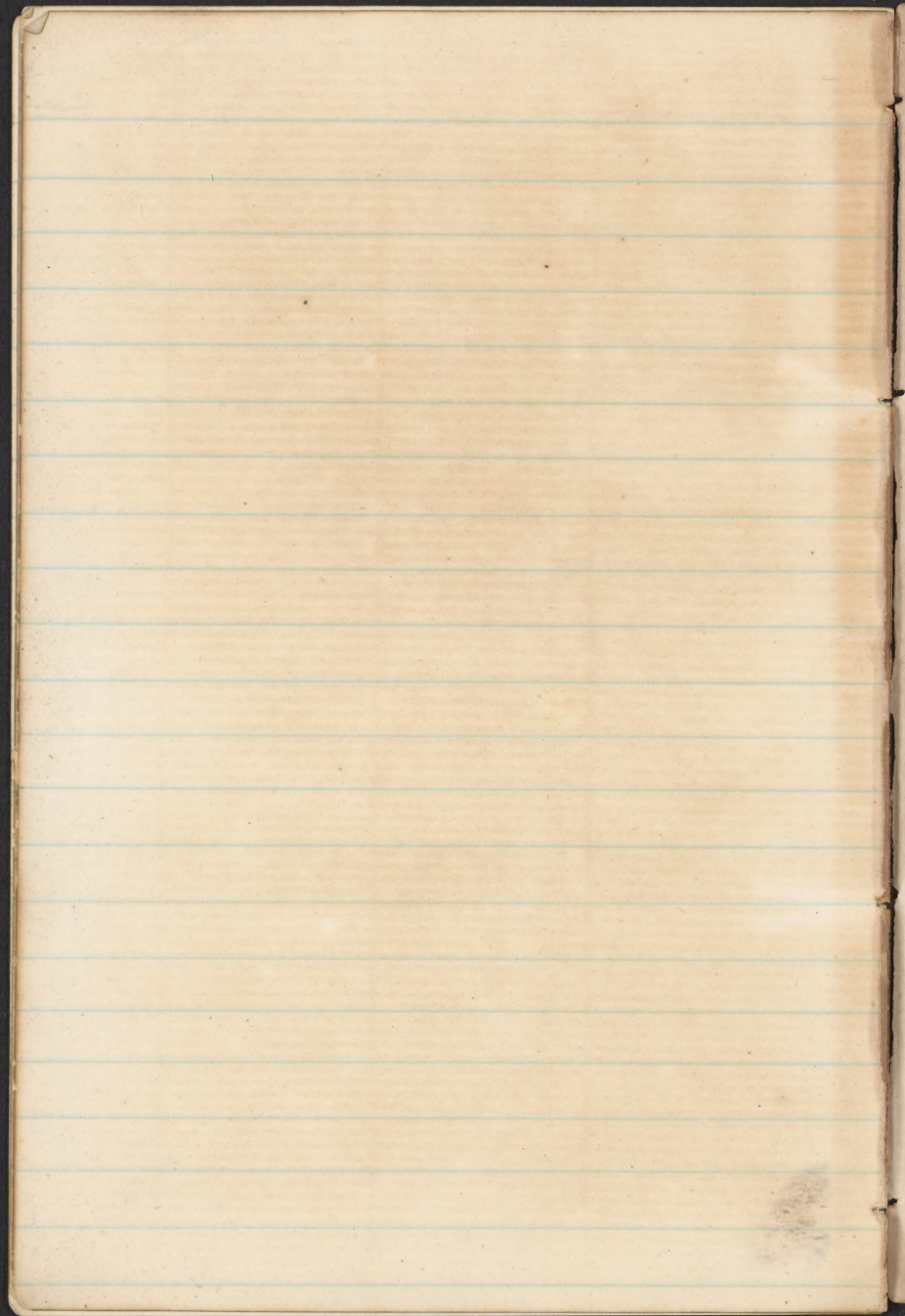




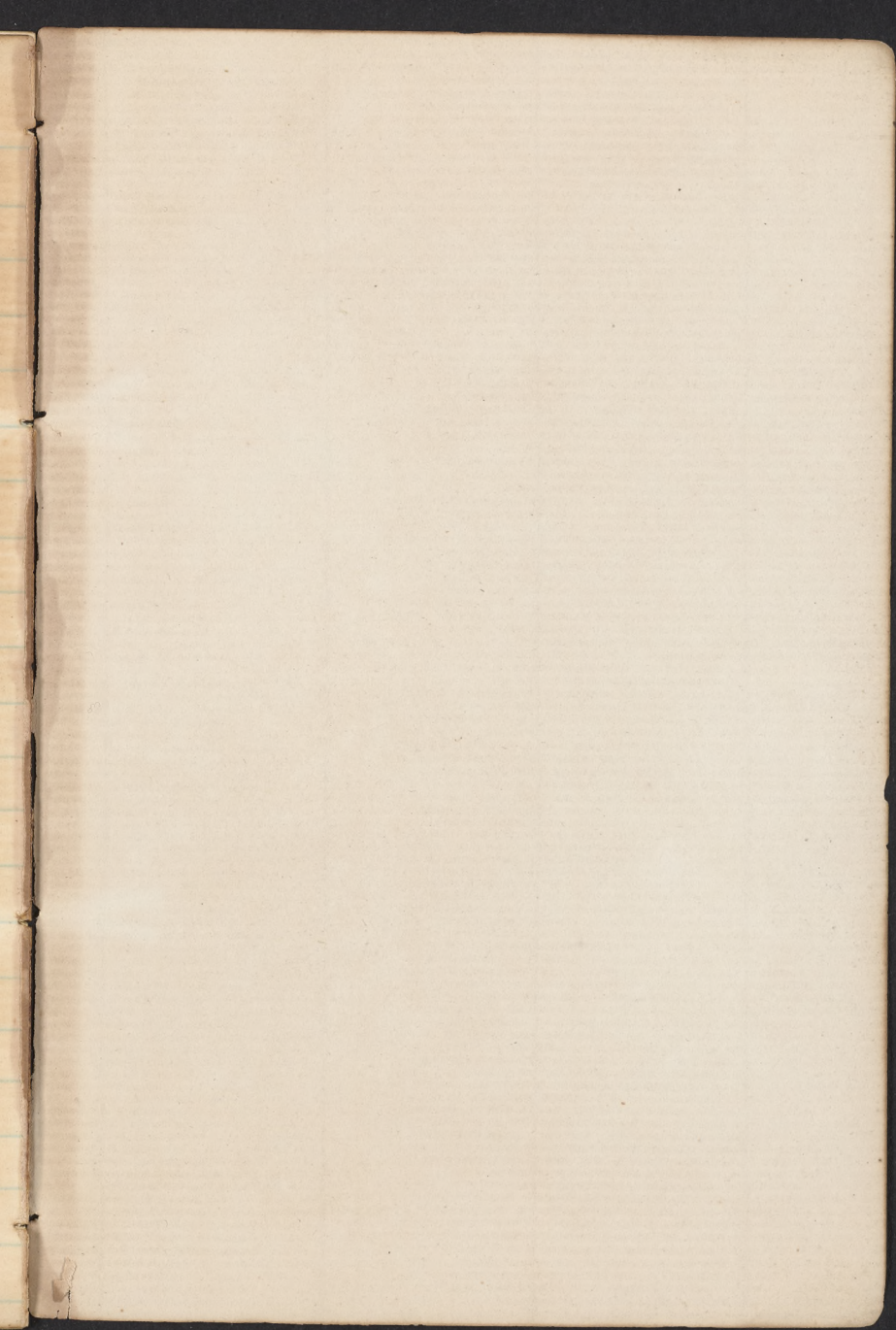


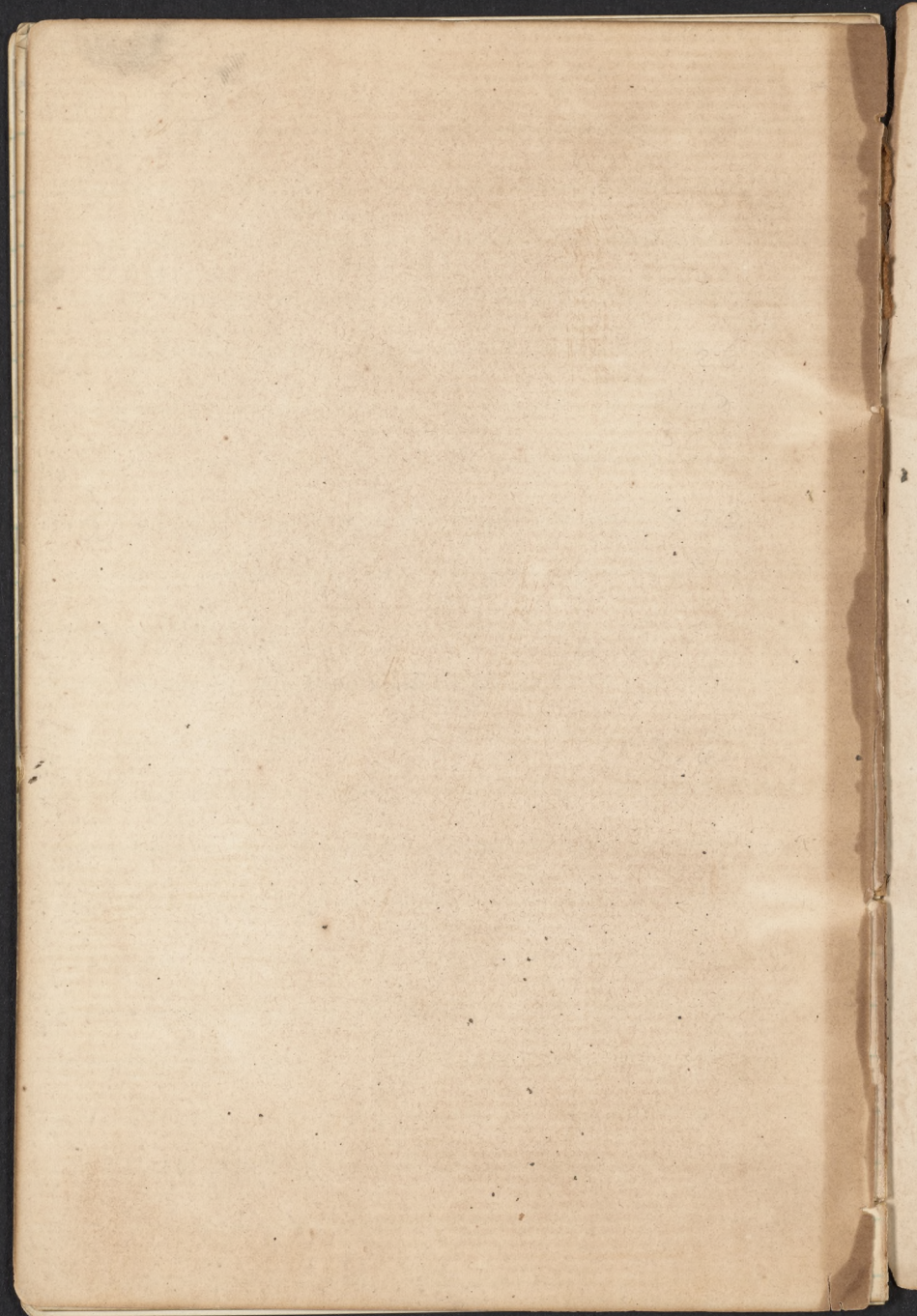














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Water 4 3/4

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